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FOREWORD

IN making a survey of institutions in Nova Scotia it was clearly understood that the conditions to be studied were different from those encountered in other Provinces. We realized that Nova Scotia had been depleted by persistent drains upon its population and resources, and that its Provincial income was restricted owing to a series of unavoidable hamperings which do not occur in the more recently organized Provinces. Knowing all this we engaged in the work with a full knowledge of the difficulties under which the Provincial authorities have laboured and in making our recommendations for what we believe to be a vastly improved organization of public institutions, understand that it would be impossible to undertake such an extensive programme at once. Such being the case it would be best to begin with reforms appearing to be most urgent. It must be said too, that while we are condemnatory of the whole system of County Care of the Insane we are also aware of many of the circumstances which led to the adoption of a policy that has turned out so badly. It was designed to meet an urgent need at the time, but the moment has now come to abolish it. Of course, it would be difficult and perhaps not expedient to attempt this in a day, and the change should be made gradually, as the finances of the Province permit. The better plan would be to do away with most of the County Houses, and eventually establish suitable farm colonies at two central places not too far removed from Halifax and Sydney.

We are not blind to the inspiring things accomplished in such institutions as the Nova Scotia Hospital, the Maritime Home for Girls, the Presbyterian Rescue Home, Monastery of the Good Shepherd, Halifax Infants' Home, the I.O.D.E. Home, the Salvation Army Maternity Home, etc.

These splendid institutions are a credit to Nova Scotia and as Canadians we are proud of them. It is always the case in a survey that the weak spots come in for most attention, as the policy of reconstruction means, at first, a careful study of the flaws. If we had nothing else to do than direct notice to the defects our mission would be an empty one, but if it is embarrassing to speak of them it is on the other hand pleasant

to feel that a better way of doing things may be pointed out. We left Nova Scotia full of enthusiasm over the possibility of seeing advanced things accomplished, in a province that is far too little known and appreciated by the rest of Canada. The outstanding qualities of its people, its beauties and resources appealed to us at every turn and realizing how much this province has suffered by the depletion of its population as the result of its youth being attracted to the United States and the prairies, we felt a sympathy that could not be expressed when writing our report. We are anxious to make this plain at the beginning, at the same time we feel that even if abuses have crept in here and there as the result of unusual conditions the moment has come to attempt their reform. Everywhere when discussing these problems with Nova Scotians we heard expressed the desire to change things that at present throw discredit on the Province and its people.

We have ample faith in the sanity and judgment of a people who have furnished so many brilliant leaders in Canada and whose reputation for good sense and hard headed qualities make them respected wherever they go. Feeling this we have dared to speak frankly with the expectation that our purpose in doing so will not be misunderstood.

GENERAL ACCOUNT

A SURVEY of Nova Scotia having been asked for by the Provincial Government, the Medical Director, the Associate Medical Director, and the Social Service worker of the Canadian National Committee for Mental Hygiene, undertook the work in August and September of 1920. An extensive itinerary was mapped out by Dr. W. H. Hattie, Provincial Health Officer, Nova Scotia, and almost a complete round of Nova Scotia made, very few of the institutions included in the list given us being passed by.

The conditions met with in this important Province were so different from those encountered elsewhere in Canada that special care was taken in arriving at the truth regarding some of them. It was soon apparent that the point of view regarding the care of the insane was vastly different from that adopted in most communities in America, and it was only too evident that insanity did not come in the category of diseases, when patients had reached the so-called harmless stage.

A perusal of the Statute relating to Local Asylums for the Harmless Insane makes clear the attitude of the Province, and in the interpretation of this Statute it is laid down as follows:—"The expression 'harmless insane' in this chapter includes idiotic persons and epileptic persons who are insane, but who have not manifested symptoms of violent insanity." It is also specified that "the same building may be used for the purposes of a poor house and asylum for the harmless insane, if such building is made suitable for both purposes to the satisfaction of the Governor in Council."

The machinery for the admission of the so-called harmless insane to the poor house or asylum is similar to that employed in securing admission to the hospital for the insane. In the regulations for "Local Asylums for the Harmless Insane" are many recommendations which are of peculiar interest when compared with the conditions found during our survey. These By-Laws and Regulations are intended to instruct superintendents and the employees, but are apparently not mandatory, stating that "it is not claimed that they define with absolute accuracy the duties of the officials, or that they can in every case be entirely and rigidly followed, but it is thought that they contain directions by which the persons for whose use they are intended may carry on their work with credit to themselves and their employers, and with benefit to those who are admitted to their care."

"As at present, many of the local asylums (1918) afford accommodation not only for insane persons, but also for paupers. In some asylums a number of children are received. When such a variety of admissions is permitted it is very essential that facilities be provided for proper classification of the different types of inmates."

"Permission to establish institutions for the care and treatment of the harmless insane was granted by the Legislature to the various municipalities with the expectation that institutions thus established would be so constructed, equipped and maintained as to afford the inmates received therein a degree of comfort and care which would reflect credit upon the humanity of the communities supporting them. While not setting down any definite requirements, it is felt that the following should be observed as essentials, and that in no institution should anything less be considered as satisfactory.

(1) The building should be substantially constructed, and so designed as to permit of proper classification of patients. Day rooms should be provided for each sex and for each class of patients, so that sleeping rooms need not be occupied during the day. The air space in sleeping rooms must not be less than 800 cubic feet per individual. There must be ample provision for ventilation.

(2) The water supply must be pure and abundant, and piped through to building to supply kitchen, baths, and toilets. There must be at least one bathroom and one toilet for each sex. Where no sewerage system is available, the drainage must be carried into an approved sewage tank, the effluent from which must be disposed of in a manner satisfactory to the Medical Health Officer for the municipality.

(3) The building occupied by patients must be comfortably warmed, preferably by a central heating system. Especial care must be taken to ensure a comfortable degree of warmth in the day rooms and bathrooms.

(4) Care should be exercised in the placing of windows to ensure an abundance of sunlight to all apartments occupied by patients. Dark rooms for isolation of refractory cases cannot under any circumstances be countenanced. For artificial lighting, the electric light is advised. Small units, operated by gasoline, are obtainable at reasonable prices and are recommended for the institutions which are so situated that electric current cannot be obtained otherwise. When oil lamps are used, they must be so protected as to make them inaccessible to any but the employees of the institution.

(5) Suitable fire escapes must be provided for all floors above the ground floor. Exits to these must be by doors opening outward. Care must be taken to ensure that the locks controlling exit doors are always in good working order. Chemical fire extinguishers should be provided and

kept in readily accessible places. A number of fire buckets should also be provided, distributed in strategic positions, and kept filled with water at all times.

(6) Single bedsteads only should be provided, and patients must not be permitted to sleep together. Comfortable mattresses, and a sufficient equipment of sheets and warm blankets are required.

(7) Every asylum must have telephone connection, so that medical or other emergencies may be reported promptly to the proper authorities.

(8) Rooms providing for the isolation of refractory patients must be made comfortable in every way and maintained in a thoroughly sanitary condition.

(9) The locks of doors of apartments occupied by patients and of all exit doors must be of substantial make, and maintained in proper working order. The superintendent and matron must be supplied with a master key, which will control all locks of doors of patients' rooms and all exit doors.

(10) In the selection of a superintendent and matron, every endeavor should be made to secure persons who have had institutional experience in the care of the insane. If neither superintendent nor matron have had such experience, a supervisor should be appointed; a woman with the necessary training, preferably a graduate nurse from a reputable hospital for the insane. To the supervisor should be delegated the direction of the nursing care, and the housekeeping of the wards and the quarters occupied by nurses and attendants.

(11) Male and female attendants and nurses should be engaged in the proportion of not less than one to every twenty or twenty-five patients. A larger number of insane persons than the last mentioned cannot be properly looked after by one attendant. In selecting men and women for this important work, effort should be made to obtain persons in good physical health, of good moral character, with plenty of common sense, of equable temper, and able at least to read and write. If they have had experience in the work at some reputable hospital for the insane it will be an advantage.

Authority to use restraint and seclusion is given on page 12. "An accurate record of every instance in which isolation, seclusion or restraint is ordered, stating name of the patient so treated, setting forth the reason for the treatment, and indicating exactly the duration of time during which such treatment is maintained. He shall forward a copy of such record to the Inspector quarterly."

A medical officer is provided for and a weekly inspection demanded, in asylums with 100 or more patients a daily inspection, patients are to be bathed at least once a week, precautions against fire are taken and the buildings are supposed to be of proper construction, etc.

Although these regulations were not laid down until some time after the establishment of the County System, yet apparently there was no confusion of thought regarding their function. They were deliberately planned with the idea that they would answer the purpose of caring for certain helpless classes at a modest rate of maintenance. What has happened was inevitable, and Nova Scotia is simply passing through the experience of such states as Massachusetts, New York and others, where similar conditions existed until the public opinion demanded their reform in the interests of humanity.

In 1865 a report was submitted in reference to the Poor House and County system in New York State. It embodied the following statements,—"The facts elicited by this investigation are too appalling to be forgotten, and too important to be thrown aside. In order to make room for recent cases, and such as afford promise of relief or cure by treatment, and those who are constantly urging for admission, and humanity demands that they shall not be turned away, it becomes necessary for the State Asylum to return to the counties by which they have been supported at the asylum many chronic and incurable cases. In many instances the counties have little or no disposition to send such cases there, prompted by the idea that they can be supported at less expense in a county poor house. The state has grown immensely in population and in due ratio the number of its insane has increased, until its state asylum is filled to its utmost capacity, and the tide of its overflow has set back upon the county poor houses; and they too have become filled to an excess of human misery, degradation and wretchedness that wrings a cry of distress from the heart of every philanthropist."

At the time this report was made some 1,400 insane outside of the counties of New York and King's were being treated as paupers, without medical care, and dependent largely upon their brother paupers for such attention as they received. The result of this movement was the establishment of the Willard Asylum. Quoting from the report on Institutional care of the Insane,—"At the time there was much adverse criticism of the principle which this act created, viz., separate institutions for the acute and chronic classes, but in reality that principle had been followed for years under the very worst conditions, when the chronic cases were returned from Utica to the county homes."

"The movement on the county authorities which began in 1871 for exemption from sending the chronic class to the state institutions was gradually extending until, in 1887, nineteen counties had been legally authorized to maintain this class of dependents, the State Board of Charities having the power to grant such exemptions under promise from the counties "to give their insane just as good as the state gives." The abuses under this arrangement were so great that an active campaign

asking for legislation to obliterate county care entirely was successful in obtaining the passage of a law creating a new State Commission of Lunacy in 1889 and the blot on the fair name of New York State was almost immediately obliterated. The State hospitals were enlarged and the insane disappeared from the county poor houses.

The results were gratifying in the extreme, from the humanitarian standpoint, and the reduction in the cost of maintenance an unexpected and splendid achievement.

We have quoted the New York experience at some length as the conditions were to a great extent parallel to those existing in Nova Scotia at the present time.

The regulations for the Local Asylums for Harmless Insane, theoretically at least, are supposed to provide for the proper care of insane adults, paupers and children, but a moment's reflection will convince almost anyone that they were impossible. Let us see how they work out in practice, admitting for the sake of argument that such a classification as that outlined in the foregoing paragraph can be justified.

How many of the local asylums are substantially constructed, and so designed as to permit of proper classification of patients? The new wing at Pugwash and the building approaching completion at Stellarton are the only ones that fall within the definition.

The requirements regarding water supply, etc., are not lived up to in a great number of instances,—indeed, one asylum had water carted for nearly six weeks on account of the failure of supply.

Heating arrangements are anything but satisfactory and in some institutions so inadequate that positive suffering results to the inmates.

Regulation 4, regarding lighting, isolation of refractory patients, etc., is only too often a dead letter.

Regulation 5, insisting on the maintenance of proper fire escapes, is rarely attended to, and the number of fire traps in existence is appalling.

Regulation 6, calling for single bedsteads, mattresses, and bedclothing, is not strictly observed.

Regulation 8, referring to the comfort of refractory (harmless) patients in isolation is a dead letter.

Regulation 9, referring to locks, etc. The breaches of this regulation are extremely common.

Regulation 10, re qualifications of Superintendent, Matron, and other officials, is not strictly observed.

Regulation 11, re proportion of nurses, etc., to patients, is not strictly observed.

The regulations provided for the County Asylums are impossible of fulfilment because the policy of herding senile, mental defectives, cat-

atonics, idiots, and active cases of insanity in buildings not only unsuitable, but also improperly staffed, makes a situation that cannot be coped with under the County System.

In 1917, the Government Inspector, Dr. W. H. Hattie, referred to the conditions found in Cornwallis Alms House and the Inverness County Asylum in no uncertain language, saying, "My predecessors have repeatedly referred in the most condemnatory terms to the Cornwallis Township Alms House, and my own accounts of this institution have certainly not been complimentary. But none of these reports have led to any adequate attempt to improve conditions at this institution, and it remains indescribably discreditable, a veritable hovel. Those responsible for the administration of the Barrington Alms House are going on with the plan of enlargement mentioned in the last report—a plan which has not had my endorsement, but which it would be unfair to condemn before it has been given a trial.

"The Inverness County Asylum is one of the largest of our county institutions, accommodating nearly a hundred patients. These people are housed in a cheerless, ramshackle old fire trap, which is poorly equipped and in bad repair, and which is altogether unsuited for asylum purposes."

"When one visits repeatedly such institutions as these, and finds so little evidence of willingness on the part of those responsible for their maintenance to adequately remedy the defects which are so apparent, one feels that the inmates must often repeat, in substance at any rate, the prayer of Sir Philip Sydney, "From them that use us thus, Good Lord deliver us!" Five hundred years ago, John Ball wrote that, in looking out over England, he saw "The great treading down the little, the strong beating down the weakly, the cruel man fearing not, and kind men daring not, and the Saints in Heaven forbearing, and yet bidding me not to forbear." Are conditions in some parts of our Province to-day better than those of five hundred years ago in England?"

These are strong terms, but although penned some years ago things in these particular institutions are not any better, but, if possible, worse. Take too, the conditions in the Halifax Poor House. Although some seventy-five inmates were burned to death prior to the building of this institution, the lesson was lost and the precautions against fire to-day are inadequate.

Dr. Hattie, in his admirable report on Humane Institutions, published in 1917, on page six, touches on a vital cause of failure in the County Poor Houses. "Very few of those in charge of county institutions have had any experience in the administration of such institutions other than that which they have accumulated in the place where they are engaged. The wisdom of the method commonly followed in selecting

superintendents is, to say the least, questionable. In some instances, the position is said to have been put up to tender and awarded to the lowest bidder. In some instances, the choice has been decided by capacity for the successful prosecution of farming operations. Fortunately, good farmers are usually good administrators, but there is, in some instances, a disposition to glorify the farm at the expense of the institution. The good of the inmates of our institutions should surely be the first and principal consideration, to which everything else should be subordinated, and the factor which should have greatest weight in the selection of a superintendent should be a combination of those traits which would insure the best care of our unfortunates. When it is possible to secure the services of one who has had previous experience in this particular work, and who has demonstrated capacity for the work, it is surely reasonable that such a person should be chosen. When no one with such experience is available, it is suggested that a short period of training at the Nova Scotia Hospital should be required before appointment to a county institution is sanctioned."

We do not agree with him, however, that a short period of training in the Nova Scotia Hospital would get over the difficulty. The only safeguard against the abuses bound to occur under lay management is the establishment of government control under such a plan as that outlined further on in this report. Several of the superintendents in the County asylums have had even more extensive training than that suggested by Dr. Hattie, but it has not resulted in the improvement to be hoped for.

No matter how stringent the regulations may be made, the County system is bound to fail, and without dilating further on the unpleasant facts, the practical point is to find how to remedy the present difficulties. If the County system were a new experiment we might be inclined to suggest a further trial of it, but common sense and experience make it plain that it is hopeless to endeavour to care for mentally diseased people by any such method as that being attempted at present in Nova Scotia. Even if insanity were a crime rather than a disease, the present methods of care would be unjustifiable. The tragedy of mental disease is bad enough without adding to its horrors, and the argument that the cost of maintenance would be increased by a system of government control is not reasonable, and possibly an exaggeration. Maintenance under a humane and properly developed government system of control need not be extravagant, but on the contrary economics may be effected that are not possible at present. However, that whole question will be discussed under the heading of recommendations.

This question of maintenance is full of dangers to the helpless creatures who have no means of asserting their rights to proper treatment, comfortable surroundings, and ample sustenance. Because they

have not mentality great enough to enter intelligent protest is no reason why they should be denied their right to kindly treatment. On the other hand their disability should entitle them to even greater consideration than those who are able to protect themselves.

A GENERAL SURVEY OF CONDITIONS IN COUNTY ASYLUMS, ALMSHOUSES, Etc.

INSTITUTIONS VISITED

Shelburne County Asylums
Digby County Asylums
Yarmouth County Asylums
Colchester County Asylums
Queen's County Asylums
Cumberland County Asylums
Halifax County Asylums
Pictou County Asylums
Lunenberg County Asylums
Inverness County Asylums
Cape Breton Hospital for the Chronic Insane
Richmond County Asylum
Cornwallis Poor Farm
Horton Township Poor House
East Hants Municipal Home
West Hants Industrial Home
Antigonish County Home for Poor
Annapolis County Home
Argyle Municipal Home
Home for the Poor, Truro
Clare Municipal Poor Farm
Annapolis County Hospital
Halifax City Home

Number of Inmates

On the dates visited the population, exclusive of staff, was made up of 1,361 persons distributed among 24 institutions. Nine of these contained less than 30 inmates, five contained less than 50 and only two contained over 100.

Classification and Segregation

With very few exceptions the county asylums and alms houses make no attempt to differentiate between the sane and insane, or to classify the latter according to type. The insane, the feeble-minded, imbeciles, neglected children, sane paupers, and persons suffering from chronic physical disorders are herded together in an indiscriminate manner.

In one sitting room 2 aged women were found with two markedly demented cases of the catatonic type of dementia praecox. A boy 15 years of age, who was a high grade moron, was born in an institution and

for the first ten years of his life was kept in a room with adults. He never received advantages in connection with his training.

In some cases the men and women are not separated—a bad arrangement.

One home with a population of 85 fairly evenly divided as to the sexes, contained at least six epileptics as well as insane persons, mental defectives and paupers. They lived and slept in the same rooms, ate together, etc.

Another institution with only 40 inmates, houses 20 insane, 6 aged and dependent men and 10 children. Two of the latter were imbeciles, 2 were crippled, and 4 had hereditary nervous disorders.

Three other small homes caring for 23, 33, and 17 persons numbered among these 10, 8, and 15 children respectively.

In one of the places where care was taken to segregate the insane in separate dormitories from the others, the children, however, had sleeping quarters in the same rooms as adults.

Buildings

The buildings are with few exceptions of wood or frame construction, antiquated, primitive in their equipment and in many cases in a disgraceful state of repair. In many institutions the sanitary arrangements are hopelessly inadequate and the lighting is done by oil lamps and lanterns.

One old wooden farm house lacked even a telephone. The nearest being 4 miles away and the place is thus handicapped in case of fire and also from the standpoint of receiving medical attention when urgently needed.

In another building the heating system is obsolete and in winter the place is so cold that the patients have to be huddled into a few rooms.

The dreariness of some of these houses is indescribable, the wretchedness of the atmosphere heart breaking. Dining rooms unattractive and not always clean. Floors sometimes rotted and full of holes. Walls dirty, unornamented, and with the plaster broken. In one county asylum some of the rooms are so small that partitions divide the windows and the rooms are little better than boxes. Sitting rooms exist which are small, dark, and cheerless. The patients sit on benches next the walls (the benches being devoid even of backs) and are quite unoccupied.

Sleeping accommodation is often in keeping with other conditions in these institutions. At one poor farm the bedrooms are shocking. One typical room was measured and had about 300 cubic feet of air space, and was occupied by two patients.

In another place the beds were poorly made, most untidy and vermin in evidence, a most inexcusable state of affairs. In some dormitories two patients slept in one bed.

Medical Service, Sanitation and Hygiene

Adequate medical supervision of county asylums and alms houses throughout the Province is lacking. With very few exceptions institutions are visited by a doctor at periods ranging from once a week to once a month. There is also a pressing need for trained nurses.

The flies in nearly every institution visited were a veritable plague. The prevalence of unscreened windows is partially responsible for this, but unsatisfactory sanitary arrangements aggravate the nuisance. Lavatory odors were noticeable in one place and in another a bath was noted which drained directly into the ground beneath, and the floor boards were soggy.

One institution was without water supply for a whole month during the summer. In another the well that furnishes the water supply is not lined with concrete, and thus gives ready entrance to the surface wash.

Attention has already been called to the inadequate sanitary arrangements existing in places. In one the method of bathing the patients consists of placing a tub in the centre of the separate sitting rooms for the men and women, and bathing each inmate in turn while the others sit around.

Fire Hazards

In 7 institutions the dangers from fire are so great that special mention has to be made of this. The fact that one old building was without a telephone has already been noted. In another, lit by oil lamps there are no chemical extinguishers.

One county asylum houses its patients in three frame buildings, the original structure dating back 37 years. The whole group is antiquated and in a bad state of repair. The buildings are virtually fire traps with poor fire escapes and no adequate water supply. Each dormitory is locked at night and there is no master key for the various rooms. The fire escapes which are of wooden construction are fast rotting away. Windows lead to them instead of doors.

In another county asylum eleven patients were found sleeping on the third story of a building which houses fifty demented persons. Windows screened and locked, doors locked, no fire escapes, no one to give an alarm, nothing but certain death facing them if a conflagration started during the night. Any person who has had experience with the chronic insane realizes their fondness for fire and while strict precautions may be taken how often they prove futile.

Even in the case of a brick building which was built in 1883, at a cost of $80,000 to replace a former building that burned with loss of life, the lessons of the disaster do not seem to have been heeded. The top floor of the present building which is used as a maternity ward is not provided with fire escapes.

Airing Courts

Most of the airing courts are devoid of trees. In some cases even seats are lacking. It is a distressing sight to see the patients walking up and down in the glaring sun without protection. Several poor creatures were noticed huddled on uncomfortable benches and literally covered with hundreds of flies. One patient of the catatonic type was left standing in the sun until he was fearfully blistered, no employee apparently noticing the condition of affairs.

In some cases the fire escape verandahs were used largely by the patients as airing courts.

Restraint

Restraint and seclusion is all too common in certain institutions, due, not to intentional inhumanity, but to lack of knowledge on the part of superintendents and staffs untrained in the scientific management and treatment of the insane.

In one asylum no formal account is kept of either restraint or seclusion although it was said that the sanction of the physicians was generally obtained.

Three patients in restraint—one a boy of thirteen were noticed in one airing court,—the court being unprotected by trees from the glaring sun.

Another boy of thirteen was found secluded in the so-called strong room.

In the dungeon-like strong room in the basement of an institution we found a maniacal man, and in the women's department an excited woman similarly secluded.

The wife of one Superintendent admitted that three of her patients had been at least half the year or more in strait jackets.

Another patient who had been in an institution for a year and a half is locked up three weeks out of four. The reason given for her confinement being unruly or restless conduct. The forms of restraint used are mostly the strait jackets, the semi-sole, and handcuffs.

Many of the so-called strong rooms are unfit for human habitation. Their use for seclusion can not be too strongly condemned.

Occupation of Patients

The modern scientific method of providing occupations suited to the various needs and capabilities of the insane for therapeutic economics and humanitarian reasons are apparently entirely unknown in the county asylums and alms houses.

Aside from the employment of a few patients of both sexes in the cleaning of the dormitories, making beds, helping in the kitchen, and the seasonal employment of a small percentage of the total number of patients at farm work—berry picking, etc.—the patients live lives of idleness.

No attempt is made to occupy those who do not shown ready willingness and initiative for work.

General Remarks on Administration

Here it may be stated that as a general rule those in charge of these so-called asylums appeared to be honest and painstaking people, who assumed an impossible task without adequate assistance or an equipment better than that of the worst kind of a poor-house. Cheap maintenance and no thought of the welfare and comfort of the unfortunates placed in confinement are the dominant notes everywhere.

The fault is not with the officials, who on the whole are apparently making the best of the situation in which they find themselves. It gives us pleasure to note that some of the places visited were kept scrupulously clean, despite the inadequacy of buildings and equipment, the lack of medical supervision, trained help, and facilities for employing the patients' time.

One institution does manage to provide occupation for 50% of its male inmates,—another for 20%. We were pleased to note that one county asylum recognized the need of shade trees in the airing court, and the energy of a wise and humane Superintendent had obtained for those under his care a recreation hall that is utilized for concernts, moving pictures, dances, etc. We recognize that there are individuals making an honest effort to rise to the necessary height. The failure to do so is simply the outcome of an unworkable and unwise system.

The largest of the institutions noted in this section attempts to treat under one roof 267 patients of widely varying types. Practically all the cases are in need of expert medical attention and trained nurses' supervision. It is inconceivable that one physician without special psychiatric training could do justice to the situation by calling only once a day. The mental cases, and there are 105 of them, certainly require highly specialized care.

The best of the county institutions visited are little more than prisons conducted on humane lines.

The whole county system stands condemned in the light of modern knowledge of psychiatric problems which are peculiarly medical ones.

THE NOVA SCOTIA HOSPITAL FOR THE INSANE, MOUNT HOPE.

A COMPARISON BETWEEN MODERN METHODS AND THE COUNTY ASYLUM SYSTEM

Building

The Nova Scotia (Mount Hope) Hospital for the Insane was built in 1858. It is a three storey building, situated on a hill overlooking Halifax Harbor. The site was selected by the eminent social reformer, Miss Dorothy Dix, who did so much to force the establishment of more humane methods of treating the insane in America. She showed excellent judgment in the selection of the present site, as it is admirable. The institution as at present constituted is an object lesson not to be neglected by those who are interested in the care of the mentally diseased, as it furnishes remarkable contrasts between the old idea and the new. The new building embodies many of the modern requirements, and is a credit to those who planned it, as it is a hospital in the true sense. Many changes made in the old building render it possible, but by no means ideal, and it is a question if much more money should be spent in endeavouring to remodel it to suit the demands of modern psychiatry.

Accommodation

The accommodation is for 500 and on the day of our visit 252 males and 208 females were in residence. Acute cases are cared for in the modern building; disturbed and quiet chronics are housed in the original asylum.

Staff

The medical staff consists of,—

Medical Superintendent
Asst. Medical Superintendent
Two assistant physicians (women)

Staff

Superintendent of Nurses
Dietitian
Vocational Instructor
The nursing staff is made up of: 34 nurses (female). 18 male attendants

Old Building

Parts of it are badly out of repair, the corridors are dark, but not used to any great extent as many sitting rooms open from these corridors. The sitting rooms are comfortably furnished and rather attractive. The dormitories contain one, two, three and four beds. Many of the

beds are not suitable for hospital purposes, are out of date, uncomfortable, and not fitted with proper springs, and these should, in our opinion, be discarded. Ostermoor and straw mattresses are commonly used. There is electric light in every room, operated from the main corridor. The number of bath tubs is below the actual requirements, and in some parts of the building one for thirty patients is provided. The clothes closets are in some parts without ventilation, and the lavatories are, in many instances, without proper outlet for foul air. The wards in general were clean and well kept. Ninety per cent of the male patients frequent the airing court, which is devoid of the offensive features so often met with in places of this kind. The women fortunately have no airing court, consequently are taken into the beautiful grounds surrounding the institution. Small balconies give opportunity for ward patients to get fresh air.

Restraint

No restraint is used, but there are many strong rooms where patients are secluded. In our opinion, there was more seclusion than should be found in such an institution. This is owing to the fact that not enough outlet in the way of occupation is provided.

Fire Protection

Fire protection is ample on all floors except the top storey which is now being used as nurses' quarters. This is undoubtedly a fire trap, and the objectionable features should be remedied as soon as possible.

Occupation

Of 200 male patients, 50 were working outside, and 20 in the vocational room. The women are not supplied with varied occupations. This side of the work might be further developed than has been the case. A series of rewards exist for those who do outside work—better food, and luxuries such as tobacco are given to these men.

Recreation

There is a large recreation hall containing a pipe organ and piano; local talent provides concerts from time to time during the autumn and winter. Once a week during these seasons a moving picture show is provided. An annual sport day is one of the events, and the women who can be trusted are given suitable rewards under supervision—afternoon teas, etc. A weekly paper is published during the winter months and edited by the superintendent.

No provision for hydro-therapy remains in the old building. There is a well equipped operating room. Clinical records are well kept, and medical conferences take place regularly. Every ten days a record is made of the patients' progress and these cases are discussed very thoroughly.

Dining Rooms

Small dining rooms exist in each ward for the patients who are not able to go to the congregate dining room which is situated on the ground floor—seats about 125. It is bright and attractive.

Many of the wards were undergoing transformation and were being decorated at the time of our visit.

Training School for Nurses

The training school for nurses was established in 1894, two years' course with a probational period of three months. Systematic lectures are delivered. Suitable classroom and demonstration room exist.

Nursing

During the war the greater proportion of the male patients were cared for by female nurses, and the influences left by them is still marked in the wards for men. Since the war it has been a difficult matter to provide female nurses in the number required. Male attendants receive special remuneration if they take a course of training and pass examinations.

Vocational Instruction

Vocational instruction under the S.C.R.—an instructor and three vocational workers are carrying on a most important work. Twenty patients are receiving instruction. There is an excellent equipment, and the work accomplished under Miss Black is of the most praiseworthy character. The authorities insist that if they were given a free hand and more assistance they could do much to reduce the cost of maintenance,—e.g., they feel that they could easily make all the blankets and towels used in the institution, etc.

New Building for Acute Cases

The building for acute cases was built in 1912, and until a year ago was occupied by the army and navy. It has accommodation for sixty patients, and at present provides accommodation for thirty men and nineteen women.

Dormitories containing six beds are large, airy, well lighted, with a balcony on each ward. Sitting rooms are comfortably furnished and most attractive.

Hydro-therapy is provided for and the apparatus exists, but cannot be used at present owing to defects in the water mixer, which is not reliable. If a storage tank were provided the difficulties existing would be obviated. The small wards for disturbed cases are most satisfactory.

The operating room is up to date and well equipped. On the second floor there is an infirmary for sick nurses, and a sitting room for them. The third floor is utilized as nurses' quarters. Every nurse receives three months' training in the department for acute cases, and is greatly benefited. In this department every patient undergoes a routine Wasserman.

The Nova Scotia Hospital on the whole is a very great credit to both the Province and Dr. Lawlor with his energetic staff and assistants. It is doing a good work in glaring contrast to the failure of the County Asylums, and proves beyond all doubt that the only safe method of dealing with the majority of the insane is that of government care under the direction of properly qualified psychiatrists. The difficulties of administering such an institution as Mount Hope are very great, and that the results accomplished with facilities at hand are as satisfactory as they appear to be is a matter of congratulation.

Under the heading of "Recommendations" will be found suggestions regarding this institution and its future.

MENTALLY DEFICIENT AND INSANE PRISONERS IN GAOLS.

Annapolis County Gaol
Cape Breton County Gaol
Colchester County Gaol
Digby County Gaol
Windsor County Gaol
Amherst Gaol
Lunenburg Gaol
Yarmouth Township Gaol
Shelburne County Gaol*
Baddock Gaol
Halifax City Prison

The Gaols

The gaols of Nova Scotia, as a rule, belong to a past age and have nothing in common with the requirements of the present day. As "lock ups" even many of them are open to criticism, as so little regard is paid to sanitary conditions. Without being accused of "sickly sentiment" it is not going too far to say that there is something wrong in a system which does not permit prisoners awaiting trial on charges

which are not in the criminal list, to be incarcerated in dismal cells for nine months without access to the fresh air—simply because there is no gaol yard.

Eleven gaols were visited. In three there were no prisoners and in the remaining eight we found mentally deficient or insane persons in all but one.

In one gaol three out of the ten prisoners are mental defectives.

Of the three confined in another institution we found one mentally deficient, another alcoholic and of low grade intelligence and the third probably defective. The latter case is deserving of the most careful psychiatric examination. The individual has demonstrated marked criminal tendencies during the last few years, but his behaviour suggests mental abnormality. His family history is bad.

Three men awaiting trial on charge of rape were examined. One was definitely mentally deficient, another of unstable weak character (psychopathic), and the third apparently normal.

The prison population in another place consists of 3 men, and one woman. One man, age 21, is feebleminded, and another, age 84, is a case of senile dementia with delusions and periods of restlessness.

The case was locked in his cell and had been in gaol since last February. A grave injustice has here been done, and the case demonstrates the necessity of the routine psychiatric examination of prisoners, and the transference of the insane to a suitable institution.

Two men were seen in custody, one for debt and the other theft of $26. Both individuals could be classed as definitely mentally deficient.

A sufficient number of the inmates of all gaols were studied to warrant the statement that mental abnormality was an evident factor in both male and female prisoners. We saw mental defectives and insane prisoners about whom no enquiry had been made regarding the mental condition, and altogether the impression received was that custodial care without reference to anything else, was the one idea present in the minds of the gaolers.

Mental examination of prisoners does not form part of the routine.

Boys, including defectives, made up of 50% of one gaol population. It seems a pity that they should be harboured in a place that could do nothing but confirm them in their criminal tendencies. The absence of a Juvenile Court in the district was apparently the reason why reformation rather than punishment had not been atempted.

INDUSTRIAL SCHOOLS AND JUVENILE COURT DETENTION HOME

The Maritime Home for Girls
Halifax Boys' Industrial School
St. Patrick's Home for Boys
Juvenile Court Detention Home
Monastery of The Good Shepherd
The I.O.D.E. Home

THE MARITIME HOME FOR GIRLS TRURO, N.S.

Staff

The staff consists of the Superintendent, two house matrons, two sewing matrons, laundry matron, school teacher, and caretaker.

Maintenance

This institution, which was built in 1919 by the Presbyterian and Methodist Churches, is supported by the governments of the Maritime Provinces and municipalities, and $225 per annum for each girl is received. The Presbyterian and Methodist Churches make up the deficit, although other Churches contribute—the Anglicans 8% and the Baptists 15%. The Home serves the Maritime Provinces—New Brunswick, Nova Scotia, and Prince Edward Island.

Inmates

The girls in the Home are of the delinquent class, and are received from the three Maritime Provinces. All are legally committed by the Children's Aid Society, the Courts, or the Superintendent of Neglected Children. The length of commitment varies according to the province from which the case comes—Nova Scotia, 3 years; New Brunswick, 5 years; Prince Edward Island indeterminate sentence. The ages of the girls vary from 7 to 16 years. Fifty-seven girls are in residence.

Building

There is a main building (of brick construction), with accommodation for 49 girls, a second residence, and a third new cottage in course of construction. The present buildings, together with 250 acres of land, are valued at $65,000, and the new cottage will cost $40,000. 70 acres of land are at present under cultivation.

Occupation

All the girls attend school in a school-room in the main building, and have services of a qualified public school teacher. A second room is being added. In the last two years 4 girls have passed the Entrance examinations. In addition to academic work, the girls enter into all branches of domestic work, gardening, sewing, shoe repairing, etc. Last year 1,760 boxes of strawberries, 360 bushels of beets, 320 quarts of peas, and other crops were raised.

Discipline

Student government is in vogue, and there is a system of special marking with badges for good conduct.

Parole

Thirty-five girls are on parole at present, and all but one are apparently doing well. The Superintendent, Miss Strothard, finds homes for her wards, and visits the girls as often as possible.

Psychiatric Examination

A mental examination was made of 22 of the girls referred by the Superintendent. Of this number 19 were mentally deficient, 1 dull normal, and 2 psychopathic. Since these were picked cases it is not possible to state the percentage of mental deficiency that obtains for the 57 girls in residence. From the facts obtained, however, it seems probable that approximately 50% are definitely mentally abnormal.

General Notes

It would be impossible to commend too highly the excellent work accomplished in the Maritime Home for Girls by Miss Strothard and her assistants. The Superintendent has a keen insight into human nature, and has the art of bringing the best out of her wards. We found the girls happy and industrious, and appreciative of all that was being done for them. It is an admirably conducted institution, a proper follow up system exists, and most intelligent endeavours are made to reform children who are capable of being reformed. There can be no doubt that girls leave this institution very much better than when they entered, and it is a model for similar organizations of its kind in Canada.

HALIFAX BOYS' INDUSTRIAL SCHOOL

Staff

Superintendent, Mr. W. J. Johnston. Assistant Superintendent, Mr. A. H. Brand. Other assistants, matron, night watchman. Number of inmates 96.

Types

The boys in the Industrial School are committed by the Juvenile Court because of delinquency, by parents and by the Superintendents of Neglected Children. They range in age from 8 to 16 years and come from the entire Province.

Buildings, Etc.

The building is of frame construction, and was erected in 1864. In addition to the main building there is a nearby three storey workshop, barn, etc. While the institution is in the city limits, 26 acres of land are available for garden purposes.

Sentences

Boys committed to the school are placed on an indeterminate sentence.

Punishment

The routine employed for misdemeanors consist of corporal punishment, with a strap for first offences, and for repeated misconduct, commitment to a cell on bread and water rations. The cells are 7 by 12 feet, with boarded walls and barred windows. Incorrigibles are sent to the penitentiary at Dorchester.

Instruction, Occupation, Etc.

All the boys go to a school in rooms in the main building, and are instructed by city teachers. In addition to school instruction a certain amount of industrial work is engaged in. For two hours or so a day the boys chop kindling wood, clean carpets, work in the garden, etc. A well equipped manual training room is utilized to furnish instruction in carpentry for most of the boys one afternoon a week. Two boys are engaged in shoe-repairing. There is cadet drill and a band.

The dormitories are large, containing from 14 to 17 beds. One hospital ward with 4 beds is available when needed.

At the time of visit clouds of flies were present in the kitchen—no screens on windows.

Mental Examinations

18 boys were selected at random for mental examination, and they were classified as follows:—

Imbecile	1
Moron, low grade	9
Dull normal	3
Apparently normal	1

It will be seen that mental defect runs high among the boys of this school. Some little time ago Dr. Eliza Brison examined 10 inmates, and found all but one mentally deficient.

General Notes

Since this institution cares largely for defective delinquents, it would be wise to have every child admitted receive a psychiatric examination, and to have facilities for the specialized training of the boys according to type. The staff would need enlargement for the purpose, and there should be included individuals trained in dealing with mentally abnormal children.

ST. PATRICK'S HOME FOR BOYS

Function

The St. Patrick's Home for boys cares for juvenile delinquents sent through the Juvenile Court. Occasionally a boy is admitted voluntarily.

Accommodation

The accommodation is 80, but at the time of our visit noticed that 100 boys were in residence.

Training

The boys attend school five hours a day, and in addition to public school academic requirements receive manual training, art instruction, physical instruction, etc.

A farm of forty acres exists, 25 of which are under cultivation. This farm furnishes an outlet for the instruction of the pupils. A drill instruction is given three times a week and a fife and drum corps is especially popular with those who are musically inclined.

The school rooms were visited, and it was only too evident that mental defect is common. No less than twenty-one boys were over age for their grades, and the teachers stated that grades from one to four contained many mentally handicapped.

Building

The institution is old, badly in need of repair, and quite unfit for the purpose for which it is designed. It should be replaced by a modern structure as it is doing a good work, and those in charge have an intelligent conception of the requirements.

The work in art and manual training is particularly commended. Brothers Stanislaus and Romigius were exceedingly anxious to place all information at our disposal and co-operated in every way possible.

JUVENILE COURT DETENTION HOME

Matron: Mrs. M. C. McDowell.
Capacity: 20.

Function

The Detention Home is utilized as temporary quarters for children referred by the Juvenile Court and the Superintendent of Neglected Children. The average stay is two weeks, and children are received from the age of 2 to 10 years. While in the Home children of school age are sent to the public school.

Four children were in the Home at the time of our visit, and one demonstrated signs of mental abnormality, although continued observation would be necessary to arrive at a diagnosis.

MONASTERY OF THE GOOD SHEPHERD

Function

This excellent institution receives cases from the Juvenile Court, the Department of Neglected Children, etc. The voluntary system of admission is in vogue, and many unmarried mothers are received.

Building

The school building, a new structure which was erected three years ago, was visited, and was found to be scrupulously clean, well kept and unusually well organized. Seventy neatly dressed children were found in the classroom, all under the best of discipline and apparently happy and content.

Accommodation

There is accommodation for 200, the institution being divided into two sections, one for children of school age from 5 to 16, of whom there were 72 in residence, and the other section for girls over 16, of whom

85 were in residence. Every girl must remain in the institution for one year, and there is no limit set for the period of detention, an arrangement that works out satisfactorily, but yet should be properly safeguarded for the sake of the institution itself, as so frequently unjust complaints are lodged against this system where it is in vogue.

Academic Work

The academic work comprises the first six grades of school work, and in addition industrial classes are developed. These are worthy of special mention. Every child is given an opportunity to learn sewing, knitting, crocheting work, dressmaking, shoe making, and domestic science, and if the child fails along academic lines she is specially taught in the industrial class.

The school equipment for industrial work is unusually good. The children who are found to be mentally handicapped are carefully supervised, and if they show special aptitude for gardening, boot making, tending hens, chickens, etc., they are given ample opportunity to follow their bent.

Training

When a normal girl finishes grade six her capabilities are tested, and if she inclines to a commercial, domestic or industrial career she is given opportunity to make good. The girls over 16, most of whom belong to the unfortunate class, work in the laundry which is splendidly equipped and most carefully organized to do public work. They also assist in the work of the institution.

Regarding Unmarried Mothers

As has been noticed in so many places where unmarried mothers are kept under observation, no less than 40 out of the 47 examined were found to be defective. This statement is often denied by theorists, but actual practice makes it very evident that a larger percentage of unmarried mothers are mental defectives. A certain proportion of the younger children were also defective. We examined six picked out by the teacher, and their handicapped condition was unmistakable.

Remarks

The work carried on by the Sisters in this institution cannot be too highly commended. It was admirable, and in keeping with the modern demands. All those in charge appeared to be intelligent and wide awake to the interests, accepting the responsibility with unusual intelligence and foresight.

THE I.O.D.E. HOME

Superintendent: Dr. Eliza Brison.

Function

This Home was established after the Halifax explosion, on July 24th, 1918, by the I.O.D.E., for feeble-minded girls who lost their homes in the catastrophe.

Building

The building was originally a private home, and serves its present purpose without remodelling. A large room downstairs serves as a play-room and school. A piano and gramophone are used extensively, and a loom and other apparatus for handwork was in evidence.

Accommodation

It has accommodation for 10 children[1] and is usually filled. The children vary in age from 9 to 19, and for the most part suffer from the graver forms of mental defect, although none belong to the idiot class.

Staff

Dr. Brison is assisted in her work by Miss Greta Smith, who has been trained for a period of five years at the Waverley School for the Feeble-minded. A housekeeper and housemaid are also in attendance.

Training

On a small scale Dr. Brison has made a convincing demonstration of what may be done in the training of defective children, and in making them happy and useful. The girls are given instruction in formal academic work up to the limit of their capacity, and in addition are taught the household arts and useful handwork. It is interesting to learn that a number of the children failed to make good in the Special Classes of the Halifax schools, but did much better in the Home under the influence of greater individual care and closer supervision.

The I.O.D.E. is to be congratulated upon the splendid demonstration that has been made, and it is hoped that the Home will be the beginning of a much larger institution that will be erected by the Province in a location where there is plenty of ground in the proximity of Halifax.

MENTAL DEFICIENCY IN PUBLIC SCHOOLS

It is now generally conceded that the Public School offers the best channel in the community for mental hygiene activities that have as their aim the prevention and early treatment of cases of mental abnormality. With a well-trained personnel and adequate equipment, the majority of those mentally handicapped in school attendance could be so directed that mental disease (insanity) might be prevented and mental defectives rendered not only harmless to the community, but in many cases made productive citizens.

Psychiatric and Psychological Supervision in Schools

If these facts were well recognized and if the school authorities availed themselves of the services of skilled psychiatrists, psychologists and teachers trained in dealing with the abnormal, the problem of the mentally handicapped would lose half its sting, and institutional care in later life would be rendered unnecessary for many. A progressive programme would mean much not only from the humanitarian and social standpoint, but would be advantageous economically.

Findings in Nova Scotia

In Nova Scotia the Canadian National Committee for Mental Hygiene made a study of a sufficiently large number of school children to determine the nature and the proportions of the problem of mental abnormality involved. A summary of the findings reveals the following:

In 3 representative Nova Scotia schools with a total population of 2,088, there were 35 defectives—a percentage of 1.60. If this percentage holds true for the entire school population of Nova Scotia, there would be approximately 1,400 defectives of school age.

In the three schools noted 105 children were referred to us for examination because of lack of success in their studies or because of conduct disorder, or character defect. The findings were as follows:

Mental defectives	35
Borderline cases requiring industrial class instruction	7
Dull normal, requiring special class training	45
Apparently normal	14
Backward through physical condition	1
Superior intelligence	1
Psychopathic	1
Insane	1

Requirements

The following requirements are needed in the Province to cope with the situation.

1. Psychiatrists.—Psychiatrists are needed for the purpose of diagnosing cases of mental abnormality in the schools and prescribing the best methods of treatment and instruction. These individuals would be called upon to deal not only with the cases of mental defect but would be of particular value in formulating a policy for psychopathic children who present unhealthy mental trends. This latter work would assist greatly in preventing many cases of actual mental and nervous collapse.

2. Psychologists.—These individuals would work in co-operation with the psychiatrists and would be of particular value in making psychometric examination to classify children according to intellectual endowment.

3. Special Class Organization.—There is urgent need for the establishment of industrial classes in every community where there are 12 or more mental defectives. The Special Class system might well give attention to the dull normal group who fail to succeed in the ordinary class.

Special Class System in Halifax

At present there are 4 industrial classes in Halifax for mental defectives, three of these classes were visited. The rooms are bright and large. The equipment for occupational and manual training is good except in one school which was only partially equipped owing to difficulty in obtaining the necessary looms, carpentry benches, etc.

Training is given in weaving basketry, crocheting, carpentry, etc., and besides such formal academic work as is suitable to the age and capabilities of the pupils a certain proportion of the time is devoted to games, kindergarten work, physical drill, etc. The pupils are referred by principal and teachers because of backwardness.

We examined all the children in one class and found all to be mentally defective. One child age 15 was diagnosed as an imbecile and could be better cared for in an institution.

One out of the pupils examined in another class was a boy of 10 years who measured up well according to the Biney-Simon scales. He was receiving care because of chronic bad behaviour. His inclusion in the special class was not satisfactory.

Twelve out of 18 pupils in attendance at the third class at the time of our visit were given a psychiatric examination. 11 were diagnosed as mental defectives and one child as deaf and probably defective.

Those in charge of these classes are to be commended. A good beginning has been made, but there is urgent need for the elaboration of a system—an increase in the number of classes, together with improved facilities in those that exist. Halifax might well establish an observation class where suspected cases of abnormality could be studied over a period of days or weeks. In addition, the establishment of a Trade School for those graduating from the Industrial classes would bridge the gap between the primary school and industry. There is also need of the employment of a Mental Hygiene social worker to supervise defective children in their homes and in industry.

MENTAL DEFECT AND ILLEGITIMACY

Salvation Army Maternity Home and Hospital
Presbyterian Rescue Home
Halifax Infants' Home

SALVATION ARMY MATERNITY HOME AND HOSPITAL

Staff

Superintendent: Miss Robina B. McAuley. Assistants, seven, including two graduate nurses and three nurses in training.

Accommodation

17 unmarried mothers and 11 private patients, and 20 children. Since October, 1918, 28 unmarried mothers were admitted.

Building

The building is a three storey frame structure, and while old is maintained in a fair state of repair. In several months' time the Salvation Army will open a new hospital which will cost over $150,000.

Source of Cases

The Home receives expectant mothers, and aside from private patients, most belong to the unmarried class. The cases are referred by parents, friends, organizations, and many come voluntarily. For the most part they have been engaged in housework, although there are a few clerks and stenographers. They range in age from 15 to 31.

Care of Babies

It is a rule of the institution not to separate the mother from her child until the latter is six months' old. As a rule the mother leaves the Home with her baby, although the institution under certain circumstances will keep the child until it reaches the age of 3 years.

Parole

There is no definite parole system, although the institution attempts, without adequate machinery, to keep in touch with girls after they leave the Home.

Maintenance

The Provincial Government donates $1,000 per annum, and the city $400. When able, each girl pays $40 upon admission, $30 going to the hospital and $10 to the doctor.

Mental Status

The Superintendent believed that at least half of the unmarried mothers cared for were of a dull type mentally and stated that less than 50% make good after they leave the hospital.

Thirteen patients were seen, and while a detailed study of each case was not made, it was felt that sufficient observation was made to warrant the following classification:—

Feeble-minded	11
Dull normal	1
Primitive	1

Two of the children seen were undoubtedly mentally deficient.

The findings in the Home are in line with observations made in other institutions throughout Canada caring for unmarried mothers. Mental defect is such a prominent feature that it must be taken into account if the community would act wisely in connection with the placement of children of unmarried mothers, and in dealing with the mothers themselves.

PRESBYTERIAN RESCUE HOME

Function

This Home has been under the jurisdiction of the Presbyterian Church for eight years.

Staff

Miss Muriel McDougall is in charge, assisted by one trained nurse.

Accommodation

14 beds. Seven girls were in residence—all unmarried mothers. Two who were examined proved to be low grade morons, and Miss McDougall states that a large proportion of the girls admitted are mentally defective. There are two hostel beds which is an admirable arrangement.

Notes

This is a splendid institution, well managed. Its one defect is the need of a proper follow up system. This would mean the employment of a social service nurse.

HALIFAX INFANTS' HOME

Superintendent: Miss Bella Barrington.
Director of Social Service: Mrs. Lawrence.

Function

The institution serves as a private maternity hospital, together with accommodation for unmarried mothers and their babies. An interesting feature of the work of the Home is that in connection with social service, Mrs. Lawrence takes upon herself the obligation of discovering suitable boarding homes, foster homes, and supervises same. Before a child is placed out for adoption it is left in the proposed home for one year. In this way both the children and foster parents are placed on trial before adoption papers are finally drawn up. It is stated by the social worker that the boarding out system is satisfactory.

Patients

At the time of visit there were 37 children in the Home and in boarding homes, and 14 mothers.

Maintenance

The Home is maintained by a City grant of $500, and through the revenue collected by paying patients and private philanthropy.

Building

The building was erected in 1873 and is of substantial brick construction.

Venereal Disease

A routine examination for venereal disease is conducted on all patients.

Mental Examination

Several adults and a number of the children of the institution were seen, with the result that 7 were discovered to be mentally deficient, and 2 of the dull normal class. Since a considerable proportion of the children of unmarried mothers are mentally deficient, it would be prudent to subject all to a careful psychiatric examination. The system of placing out children on probation before adoption is of course a splendid safeguard.

It is interesting to note that of the 177 children cared for since January, only 4 deaths were recorded—a splendid record for an institution of this kind.

It was distressing, however, to note the number of flies in the building and on the verandah. Many of the babies were literally covered with them.

SUMMARY OF RECOMMENDATIONS

The Insane

The abolition of the County system of care and the establishment of two Provincial hospital centres provided with farm colony facilities.

The establishment of a commission to control affairs of Provincial hospitals.

Establishment of two small Psychopathic hospitals, the immediate need being one 60 bed hospital in Halifax under the control of the Nova Scotia Hospital for the Insane, and contiguous to the General Hospital with a view to making provision for medical and nursing education.

Nova Scotia Hospital for the Insane

Increase in nursing staff—addition of a social worker, a pathologist, a dentist (part time)—improvement in hydro-therapy apparatus—fuller development of occupational therapy.

The Gaols

Routine psychiatric examination of prisoners.

Establishment of Juvenile Courts and no juvenile offenders to be confined with adult prisoners.

The establishment of industrial farm for minors and gaol farms.

The Mental Defectives

Routine psychiatric and psychological examination of retarded school children.

Establishment of industrial classes in every community where there are 12 or more mental defectives.

Improved provision for training in industrial homes and schools.

Advisability of converting the asylum near Stellarton into a Provincial institution for the care of mental defectives needing institutional care.

RECOMMENDATIONS FOR THE INSANE

Commission to Control Affairs of Provincial Hospitals

Possibly the most urgent requirement in the way of changing conditions is that of recasting the whole system of caring for the insane. No argument can be brought forward that will justify the perpetuation of the County Asylums, and it is not going too far to say that the responsibility for the treatment of the mentally diseased should rest on the shoulders of the Provincial Government, who in turn should work through a commission made up of men of the highest type. This commission should include a legal adviser, a business man, and a psychiatrist of long experience and good judgment, the latter a well paid official, as he would require to devote his whole time to the work. The others should be men of large humanitarian interests, who would no doubt be glad to serve without reward.

Establishment of Hospital Centres

Theoretically the first work to be done is the establishment of two hospital centres, one not too far distant from Halifax, and the other at Sydney, as these are apparently the proper geographical points for the erection of such institutions. They would serve the whole province without causing too much inconvenience in the way of travelling.

Establishment of Psychopathic Hospitals

Eventually it would be well to establish two small psychopathic hospitals, one of sixty and the other of forty beds. These should be erected near the general hospitals in Halifax and Sydney. The buildings need not be expensive, but should be well equipped with hydrotherapeutic and other apparatus so necessary in the treatment of the acute insane The idea of those psychopathic hospitals is to give prevention

and treatment of mental disease the attention deserved, as it is a well known fact that the majority of cases of insanity may be prevented by early care and efficient nursing. Many people hesitate long before going to a hospital for the insane and yet if facilities for early treatment on psychopathic hospitals were afforded the patients would flock there without hesitation and make early recoveries.

System of Admission

The psychopathic hospital established under such conditions in Winnipeg has already proved a marked saving to the province, and a great comfort to those who have been admitted to it. The system of admission is similar to that employed in admitting patients to a general hospital, and it not only proves a boon as it saves so many who would otherwise be consigned to hospitals for the insane, but also makes a clearing house where chronics might be examined and sent on to other institutions if necessary. The statistics in such psychopathic hospitals are striking and convincing, and it is a well recognized fact that no well constituted community can afford to do without such a hospital. Not only that, it is here that the medical student may receive a proper education in psychiatry, something that has not been possible in the past. In addition, by a system of exchange with the nursing staff of the general hospital a much higher type of nurse than that at present graduated may be developed.

From the dollars and cents standpoint the arguments in favour of a psychopathic hospital are not to be refuted when it is remembered that every patient who becomes a chronic in the ordinary hospital for the insane in the end costs the community on an average of $7,000. At all events, psychopathic hospitals have not only justified themselves, but are a necessity. We prefer the small hospital rather than a psychopathic ward attached to a general hospital. Experience has shown that the isolated building is by far the better arrangement. While it should be contiguous to a large hospital so that it may take advantage of laboratory and nursing facilities, etc., yet under special management both the medical and nursing staffs are independent. This is advisable as without psychiatric training officials are so apt to depart from the recognition of the fact that the insane dealt with require different treatment than that ordinarily given patients in a general hospital. It has been found too, that it is necessary to have the nursing directed by a superintendent who has been specially trained along psychiatric lines. Where the attempt has been made to place the matter of nursing in the hands of those who have not had special training the results have been unfortunate and unsatisfactory.

By establishing the two hospitals mentioned in Halifax and Sydney, the whole problem would be simplified and the community benefited. It is so important to have the community understand that insanity is a preventable disease in a large number of cases, and that early treatment is the important thing in cure. The County system simply fosters the belief that insanity is a species of crime, or at the very best a fault that cannot be condoned.

One of the important functions of a psychopathic hospital is to make easy the teaching of psychiatry which has, during the war, suddenly attracted the attention of medical investigators. The facts brought to the surface by the strain of war activities made the general profession realize that mental disease and mental defect were far more common than ordinarily supposed, and the wonderful results achieved by early scientific treatment brought into prominence what psychiatrists had long realized. A brief study of medical curricula will show that the lesson has not been lost and far more time is now devoted to the teaching of psychiatry than was formerly the case. The practical difficulties in the way of imparting knowledge regarding psychiatry are many, and while it is true that the method of taking students to the wards of hospitals for the insane for clinics has some advantages, yet it is far from ideal. The psychopathic hospital with its acute and developing cases is far better fitted for the purpose, and if the students of Dalhousie had opportunity to acquire a knowledge of mental diseases in well organized small clinics the benefits would soon be evident throughout the Province.

To show the value of a psychopathic hospital the following extract from an article in the Canadian Journal of Mental Hygiene is interesting.

"The Manitoba Psychopathic Hospital forms the centre of the provincial system and was built and is maintained by the Government of the Province. It stands in close relationship to the Winnipeg General Hospital and the University of Manitoba, to the advantage, doubtless, of all concerned. The building itself is a long way from being a perfect structure and illustrates in a very tangible way the result of poor understanding by architects of the work and function of such an institution.

Patients may enter the hospital in one of three ways, namely, (1) voluntary admission—the only requirement being a willingness on the part of the patient to conform to necessary rules and regulations. (2) General admission for observation and treatment at the request of physicians, relatives, etc., and without legal formality. (3) The ordinary commitment—an order of the magistrate. The third method is one very seldom employed now, the great majority of the patients being either voluntary or general admission cases.

To date there have been two hundred and fifty admissions since the hospital opened during the last days of October, 1919.

During their stay in hospital, which has averaged twenty-nine days, the patients are gone over as carefully as possible, both physically and mentally when all laboratory examinations relative to the case are made, and when it is felt that a fair idea of the generalities has been attained, the patient is started on whatever treatment we feel may help. The usual general hygienic measures and hydrotherapy are routine. We look upon occupational work as of very great value not only because of its diversional powers, but also because it does so much to quietly restore that orderliness of mind that so many cases lack and need. One can gain most tangible evidence of improvement by watching the changing attitude toward and character of work done by the patient in the occupational department. The bead chain that at first shows by its disorderly arrangement the presence of attention defect and complete dissociation of thought and motor responses comes by its growing orderly arrangement to indicate a returning power of concentration, and a gradual disappearance of the self-absorption that resulted in the previous hodge podge.

Records are done in duplicate, typed and carefully indexed according to name of patient, diagnosis and each outstanding symptom. In our classification we follow as closely as possible the Statistical Manual of the American Medico Psychological Association and the National Committee.

Our classification of the first one hundred and fifty cases was as follows:

Dementia Praecox	35
Psychosis with Somatic disease	17
Not insane	16
Manic Depressive Psychosis	12
Constitutional Psychopathic Inferiority	12
Neuro Syphilis including G. P.	10
Feeble-mindedness	9
Involution Melancholia	9
Senile Psychoses	7
Paranoid Conditions	6
Alcoholic Psychoses	5
Not diagnosed	4
Epilepsy	3
Drug Addiction	2
Chorea	2
Parosmia	1

Thirty-seven per cent of the cases were committed to Provincial Hospitals. Five per cent died, but in all except one case these were instances of somatic disease. The remainder of the patients went home and, according to our follow-up reports, are able to get along. A few cases discharged on trial had to be taken back and committed, but these are included in the above mentioned thirty-seven per cent.

The classification by commitments shows that:—

80% of the Manic Depressive Psychosis were committed
71% of the Senile cases
69% of the Dementia Praecos
66% of the Involution Melancholia
60% of the General Paresis
44% of the Feeble-minded
33% of the Paranoid Conditions
6% of the Psychosis with Somatic Disease

Something over three hundred and eighty examinations have been made at the request of the Juvenile Court, Children's Aid, etc. Only such cases are referred from the Juvenile Court as seem to indicate by appearance, nature of crime or recidivism, the possibility of mental defect being one of the genetic factors.

A report to the judge is based upon a physical examination, investigation of family and personal history, school progress and social and moral reactions in addition to the psychological examination."

Care of Patients During Convalescence

The question of treatment of early cases which could not be cared for during the period of convalescence has already been undertaken to a certain extent in the Nova Scotia hospital, but if, in addition, convalescent homes were erected in the vicinity of Halifax and Sydney further benefit would follow. Small buildings only would be required as the number of patients would never be large, and all that is required there is a means of rest and freedom from excitement. It is sometimes a mistake to send convalescent patients to their own homes where old associations and environment prove upsetting and detrimental rather than beneficial. The question of caring for the insane patients at present in the County Asylums can easily be dealt with by the establishment of two properly constituted colonies in the centres already indicated. These of course, are what are known as farm colonies, with every facility for occupation, and the proper development of chronic cases to the limit of their ability.

Establishment of 60-Bed Hospital in Halifax for Present Requirements

While in the foregoing passages we have advocated the building of two psychopathic hospitals, still in view of the difficulties in the way it might be well to limit the endeavour to the building of one sixty-bed hospital in Halifax at the present, under the control and direction of members of the staff of the Nova Scotia Hospital for the Insane. This would make easy the other developments that have been suggested. It would be an aid to medical and nursing education, and leaving the humanitarian side out of the question would be such a saving in the way of prevention that it would prove a good investment from the dollars and cents standpoint.

As has been suggested before, this particular building should be placed on a site in Halifax contiguous to the general hospital. With the establishment of this hospital it would not be difficult to elaborate a scheme that would eventually permit the removal of the Nova Scotia Hospital for the Insane, admirable as it is to a centre in the country. The reason this is advocated is that the present hospital site cannot be considered a suitable one for the best sort of a farming colony, and it seems as if it might be wise to consider the sale of the valuable acres at Dartmouth and apply the funds accruing from the sale to the development of a more satisfactory plan outlined before.

The present Cape Breton institution might be made the nucleus of a provincial hospital with farming colonies, etc., to accommodate the patients from Richmond, Inverness, and those who are now confined in the basement of the Cape Breton Asylum. The number would be about 150 in all.

For the farming colony near Halifax the patients from Antigonish, Halifax County Home, Halifax City Home, King and Queen's County Institutions, all of which should be done away with as soon as possible, would furnish a population of 300, and this, we think is as much as the province could probably undertake at the present time. It would be a good beginning. We mentioned these institutions as we felt that their existence should not be permitted any longer than is possible, and some of the Counties have already considered the advisability of rebuilding and are prepared to undertake it.

The plan roughly outlined means a complete but gradual upheaval of the present system, but surely the conditions found in Nova Scotia demand such a change. It may be thought that we have been too severe in our criticisms and have passed over many of the good points, which must undoubtedly exist. The question has been asked if it is not possible to so modify the County system and effect improvements that will place these institutions beyond criticism. The reply is that without enormous expenditures of money for maintenance such a thing is impossible. That some of the Counties at least are ambitious and not afraid to spend money is evidenced by the outlay at the new building at Stellarton and the Cape Breton County Asylum and yet to a great extent it is money wasted. It is wasted because the organization is not able to meet the requirements. In order to do so the maintenance would be infinitely greater than that required with a properly developed colony system under government management. It is a simple matter to demonstrate this.

Regarding Stellarton Asylum

To make Stellarton Asylum a model institution, for example, would require a complete hospital medical and nursing staff, in fact the over-

head changes in organization would at once make the scheme unworkable, if economy is the goal being aimed at, and after all economy is of the utmost importance when dealing with a numerous class which must be nursed and cared for. Stellarton would look like a piece of unjustifiable extravagance if it were simply used to perpetuate the mistakes of the present County system, and its cost per bed could not be defended if it did not meet the ordinary requirements of a modern hospital for the insane. To those familiar with institutions, good or bad, the inevitable failure of the present scheme is plain.

This in no way reflects on the desire of those who caused the erection of the Stellarton institution, because the anxiety to obliterate the mistakes of the past is evident. What we wish to point out is that the remedy proposed, expensive as it has proved to be, will not accomplish what it sets out to do. The management of the insane is universally conceded, on this continent at least, to be a problem that is best left to the State to deal with, and after all the question of maintenance is simply one of adjustment between municipalities and the provincial government. The insane must be properly cared for, and experience has shown beyond peradventure that municipalities with their constantly changing Board of Councillors will never devise ways and means to do this work satisfactorily. They lack knowledge and experience, and in addition the cost of maintenance will always be a bludgeon in the hands of the voters who thoughtlessly look upon the unfortunates who are a burden because of their helplessness as a nuisance. If they are to be maintained by the municipality let it be as cheaply as possible is the argument that brings about just such conditions as those we have described.

The number of insane in the County Asylums, basing the estimate on the figures contained in the report on Humane Institutions issued in 1920, is 694, consequently the erection of two colonies as suggested would not be such a formidable undertaking as might appear at first sight. The ability to organize an up-to-date institution has already been demonstrated in the new building at Mount Hope, and with such advisers as those available in the Public Service, Nova Scotia might not only wipe out the mistakes of the past, but find itself in a position to lead the other Provinces in the future.

We have not given minute details regaring these colonies, but if thought advisable shall be pleased to go further into this question with your officials. The point we are anxious to establish is the absolute necessity of developing a policy likely to eradicate the County system at the earliest moment.

Recommendations Regarding Nova Scotia Hospital for the Insane

At the Nova Scotia Hospital for the Insane several improvements may be adopted with benefit and a saving in maintenance.

The nursing staff is too small, with the result that too many disturbed patients are kept in seclusion—a thing to be avoided. This feature is unfortunate from the medical and humanitarian standpoints.

Social Service

The addition of even one social service worker would render possible the placing on parole of many patients who, at present, because of lack of trained outside supervision, must be kept in the hospital. Experience has clearly demonstrated that from the economic standpoint social service pays for itself many times over by reducing institutional charges.

Pathologist

The services of a pathologist have long been regarded as an essential in mental hospitals.

Dentist

The part time services of a dentist are necessary especially as it is now a recognized fact that ill-health is so frequently the result of the presence of diseased teeth. Poor physical health and mental disease are so closely associated that as a matter of routine each patient should have his teeth regularly inspected and treated when necessary.

Occupational Therapy

Occupational therapy has been developed to a certain extent, but the possibilities of benefitting the patients and lessening the rate of maintenance to a marked extent are so great that it is to be hoped the government will increase the occupational facilities at the Nova Scotia Hospital.

Hydro-Therapy

The hydro-therapeutic apparatus at the Nova Scotia Hospital is not used to advantage at present on account of the danger resulting from the installation of an imperfect mixing valve. A very small expenditure would rectify this defect. It is most important that every facility for the proper application of hydro-therapeutics, one of the most successful of all methods of treatment of early cases, should exist.

THE GAOLS

Many of the gaols in Nova Scotia are a source of needless expenditure and might be abolished with advantage and economy. Some of them in the larger towns would no doubt be retained as lock-ups, but as practically all are obsolete there is little excuse for their being kept.

Industrial farms accomplish all that is necessary in the care and reformation of the minor offenders, and the modern gaol farm provides the most rational method of treating cases not sentenced to a penitentiary.

In order to give Nova Scotia the advantage of a description of the successful Prison Farm at Burwash, Ontario, the Canadian National Committee sent one of its observers to that institution so that notes might be obtained at first hand. His report is as follows:—

"The Ontario Reformatory at Burwash is the result of an experiment forced on the Province of Ontario by the war. The institution was started in 1914 as a small auxiliary to the then almost completed Prison Farm at Guelph for a few men who required and were fit to stand outdoor life. With the taking over of the Guelph Buildings by the Federal Government as a military hospital in 1917, the Provincial authorities were forced to enlarge the Burwash plans to meet the gaol population of the province.

The plant consists of 35,000 acres situated in the unbroken bush 20 miles south of Sudbury. It consists of 4 townships, an area of 52 square miles, 9 x 11 miles roughly. There are two railway lines crossing the property, the C.P.R. (Main Toronto line) and the C.N.R.

The plan embraces five camps, one large main administration camp, situated about the middle of the lot and admitting and discharging camp, and three small auxiliary outlying camps.

The railways are about 7 miles apart. No. 1 camp—the admitting and discharging centre—lies about a mile from the C.P.R. Five miles to the south-west lies the main camp No. 2—one mile from the C.N.R. line.

No. 1 accommodates 150 men at a pinch, in one large dormitory. The buildings are of frame construction with beaver board lining. The men are bunked in three tiers, one row deep down each side, feet to the centre. The top row is only used in case of overcrowding. The bunks are built on welded steel frames with wire woven springs, and fitted with blankets and pillows. There is plenty of light. On one side is a dining room, bath rooms with showers, basins, etc., and a recreation room. The other side is given over to the guards and their quarters.

The place is well ventilated, light and airy,—clean and well heated.

The main camp consists of three houses of this same type all built into one, on a cement foundation and basement in part, and can accommodate 350 at pinch.

The dormitories house (1) the trusties, (2) men trusties, (3) venereal cases. There is one large dining room where all are fed in relays from a main kitchen, although each dormitory has attached its own bath and recreation rooms. Shortly, all meals will be served in the cafeteria style both for prisoners and guards. The main kitchen is not yet completed, but will be of brick and tile.

In this section there are offices, guards' quarters, the doctor's office, and venereal clinic room. The latter is under the Provincial Board of Health. Below is a large recreation room to seat 350 to 400 men, where concerts and plays can be held.

There are also at this camp, guards' home for unmarried men, an administration building, staff quarters, a store house, laundry, refrigerating plant and root cellar. There is a splendid central heating system with four large boilers, that are heated altogether by stumps removed from the farm lands. Electricity is made as a by-product and lights the whole camp. There are several residences here also. Below this is the sewage plant, worked on the oxidizing plan. They have a large saw-mill that has turned out approximately 1,000,000 feet of lumber this year.

Camp IV is situated to the north-west, and is of the same type as No. 1, but only accommodates 50 men.

Camps III and V are cattle ranging camps and lumbering (winter quarters) and take about 40 men between them.

The camp is situated on Crown Reserve land and is covered with woods. The clearing of the land, stumping it, and then cultivating it, comprise one of the chief occupations of the prisoners. In three years over 1,200 acres have been cleared and large crops have been raised. The potato crop alone this year yielded 6,500 bushels. Roads have been built through unbroken forests, and large pastures have been cleared. At present 250 head of cattle and 280 sheep are kept, but this will be increased as more crops are raised to feed them during the winter months. In winter the majority of the men are engaged in lumbering operations. It is believed that in another two or three years the place will be absolutely self-supporting. The outlay of the plant complete has not exceeded $350,000.00.

The work owes its success chiefly to the energy and enthusiasm of the superintendent, Mr. C. H. Neelands, and his assistant, Mr. Oliver, and other members of the staff who have developed and worked the place.

This type of institution occupies a very important place in the link of caring for the criminal population of the province. Prisoners are received from all over the province, for sentences from 3 months up to 2 years less 1 day. By the nature of its position and the type of work, only those cases who have physical strength to stand the work are accepted. It is best suited to short term men on whom the benefits of teaching a

trade would be lost to the province. It occupies a splendid opening for the disposal of the hardy young delinquent of short sentence, but it is essential that this outfit be linked up with a central clearing house and an industrial institution for longer term men and those unsuitable through age or poor physique to stand the strain of the north woods.

The meals are looked after by a trained dietitian. The medical service is organized along the same lines as those utilized in the army. In due course, it is proposed to add a psychiatrist to the medical staff so that a proper classification of the prisoners from the mental side may be made.

Perhaps the most striking thing in the prison camp was the expression on the faces of the prisoners. There was an almost total absence of the "prison look." The men all appeared to be in good spirits, healthy, robust, and satisfied. After conversing with many of the prisoners I felt satisfied that the men were contented. Some were met with who found fault, but these are certain to be present no matter how luxurious surroundings are.

The prisoners were clothed in ordinary working clothes, khaki shirts, overalls, stout boots, and straw hats. Every effortt was made as far as possible to preserve the self-respect of the men in this way. The branding of prisoners by distinctive costumes was absent. On enquiring from the superintendent of the Farm if this did not lead to escapes, he replied that for the large number of prisoners there were few escapes, and the majority of these were returned. As there are few roads leading out from the community few elopers are successful.

To show the value of the life and the system, while walking through the woods one afternoon I met a young chap. At first I was not at all certain as to whether he was a guard or a prisoner. He turned out to be a prisoner serving a sentence for automobile theft. He said he never felt better in his life, and had gained forty pounds in four months. He said it gave him an opportunity to find himself, that going to bed at 8.30 .pm. was not such a bad idea, and that the life was better than that he had found in many of the military camps overseas.

In the summer work stops at 3 p.m. and the men who are trusted, allowed the freedom of a certain marked area, which includes the lake. They enjoy the fishing and swimming, which are very good. There is a large athletic field with baseball diamond and football field, with "bleachers" built. In fine weather this allows the men a good deal of pleasure in recreation time, and on one occasion this past year when a game was arranged with the victorious team of a neighbouring baseball league, the prison team came out of the fray one run to the good. An attempt is made further to give the men the type of work they can best accomplish, where possible. Men who are fond of horses are detailed to

look after the horses, when it can be arranged. Of course, this cannot be done in every case, but it is the aim.

It is at least significant of the success of the venture to state that 70% of the prisoners are trusted. There is a remission of one day per week allowed for good behaviour, the prison authorities having the power of removing this in individual cases when necessary. The whole system is built up with the intention of preserving a man's dignity as far as possible, making him feel that he is a man and not an animal, and to turn him back in the world in the best possible, physical, mental, and moral condition.

Those cases who are discharged by the Provincial Parole Board for good behaviour are required to report weekly to the police in their own city till the end of their sentence.

This institution is a credit to Canada and the Province of Ontario, and is a great stride forward from the old "lock-up" system still in existence in many places."

As part of a goal scheme for Nova Scotia a similar farm might with advantage be developed if satisfactory territory can be found. It would no doubt become self-supporting in a few years.

Industrial Farms similar to that near Toronto might be developed for short term cases, near Halifax and Sydney, from which centres they would receive most of their prisoners.

THE MENTAL DEFECTIVES

The Menace of Mental Abnormality in the Community

As is well understood by those who have followed the developments which have taken place in the care of mental defectives the present attitude is one of doubt in regard to the methods of care and treatment so often followed in the past. Nova Scotia is in the position of being able to develop a policy of advance, as the field is a comparatively new one there, and the limited efforts at custodial care have scarcely touched the fringe of the great problem. Those who realize how close is the connection between mental defect, vice and criminality understand that no more important social question is to be found, and recent investigations in particular have made plain that the high grade defective is the most dangerous individual in the community. A large proportion of the mentally handicapped are potential criminals, and the earlier they are t ected and intelligently dealt with the better.

Special Classes

A study of children in public schools makes plain that of certain classes no less than about 2% will prove so far below the average mentally that they cannot acquire the academic training provided for them by the school systems ordinarily in vogue. The result is that many individuals who might become self-supporting citizens fail through neglect, and at last have to be institutionalized when a careful training would have obviated the necessity of such a course. At all events modern school systems which attempt to deal intelligently with the mentally handicapped furnish the State with facts which make the handling of the question a much more simple matter than it was in the past.

When school systems and juvenile courts furnish complete statistics in regard to the actual facts the Province will understand exactly where it stands in relation to the problem. An investigation of some of the schools, industrial homes, and other institutions made it plain to members of the Committee that nothing adequate has been accomplished, although some of the efforts being made are commendable. The organization of special classes in schools wherever possible is desirable, especially if these classes are taken care of by those who have had proper training. Too often these classes fail because the teachers have not been given opportunity to acquire thorough equipment for their work.

Industrial Schools of Nova Scotia

The Industrial Schools of Nova Scotia on the whole are not satisfactory and the idea of separating normal delinquents from those who are abnormal has not received the measure of attention it deserves. Without dwelling on the proper treatment of delinquents who are normal mentally but whose fall has been the result of bad environment and unfortunate associations it may be said that there is no justification for having them confined with abnormals.

In regard to the latter it is plain that the Province has a grave responsibility. The obvious low grade defectives are already provided for to a certain extent by the County Asylums where they are herded together with the insane and senile under the most deplorable conditions. Many of these are capable of some development, others are too low in the scale of mentality to even care for their persons. At all events, it is obvious some such policy as that outlined for British Columbia, and adopted by them, should be followed. The recommendations which led up to the establishment of the Boys' Village at Essondale were as follows:—

Plans Adopted in British Columbia

"Facilities for training.

(1) Training School for Mental Defectives.

There is urgent need for the establishment of a Training School for Mental Defectives in British Columbia. The present survey has demonstrated that there are a large number of feeble-minded in the province requiring prolonged treatment in such an institution. Many of these cases are to be found in the schools, in the jails, reformatories, in such philanthropic organizations as maternity homes, Children's Aid Societies, and in the general community. Wherever they are found they constitute a serious menace, and therefore the urgency of providing a separate institution.

It is proposed that a training school on the farm colony plan be organized on the Essondale property owned by the Government. There are many reasons to put forward for the site recommended. In the first place, it is an ideal location for such an institution—splendid surrounding country, and of easy access. In addition, the utilization of this property would result in saving a considerable financial outlay. This saving would be realized not only in connection with initial expenditure, but also in connection with maintenance charges. The latter would be materially reduced through centralized management—the medical control being in charge of the Superintendent at Essondale—and the product of the labours of the feeble-minded utilized to a degree for the upkeep of the nearby Mental Hospital. The institution would enter largely into agricultural pursuits, carpentering, the making and mending of clothes, etc., and there would be a surplus of production over and above the training school's needs.

The Committee believes that there would be no serious public objection to the erection of the institution on the Essondale property because of the proximity of the Mental Hospital, when it is known how extensive the Government property really is. The training school could occupy large grounds at such a distance from the Mental Hospital that the two organizations could be kept entirely distinct.

The type of training school suggested should be constructed along the lines of the institution at Waverley, Massachusetts. At Waverley provision is made for the segregation of defectives according to sex, intellectual development, and behaviour. An attempt is made to train all cases to the limit of their capacity. The higher grades are educated in public school subjects, and boys are given industrial training in agriculture, carpentering, boot making, weaving, while the girls receive special instruction in household arts.

While a considerable number of the feeble-minded to be cared for in such a training school as is suggested will be permanent institutional cases, still it will be possible to discharge some who have passed early adolescence. In this connection a statement by Dr. Fernald is significant. He says: "It has been fairly well demonstrated that the average male moron, without natural vicious tendencies, who has been properly trained in habits of obedience and industry, and who is protected from temptation and evil associations during the formative years, can be safely returned to the community when he has passed early adolescence, if his family are able to look after him and give him proper supervision. The after-care of the female morons who have received training in the institution were not so favourable, but many of these, too, led moral and harmless lives after their return to the community. The study of discharged female cases at Waverley showed a surprisingly small number who became mothers or who married."

The plans adopted in British Columbia are satisfactory, and provide for the care of the various classes referred to in our report. The building of such an institution would prove to be good economy in the long run, as it would enable the authorities to detain indefinitely the handicapped children who might, if at liberty, prove a menace to society and themselves and who would as a result of their criminality cost the State untold thousands of dollars.

Advisability of Converting Asylum near Stellarton into an Institution for Defectives

One of the things that should be done as soon as possible is to establish a proper place for the care of mental defectives who are obviously institutional cases. If the Province decides to abandon the County Care of the insane, the beautiful new buildings at Stellarton should either be purchased or rented, and used as a central administrative and custodial building for the defectives now in the asylums and gaols. About it should develop the industrial schools and units for the care of the more hopeful types. The building near Stellarton is admirably constructed and is in every sense an excellent institution for the purpose. It is ready for immediate use and would form the nucleus of a model colony. This plan would at once relieve a situation that must strike any person who studies it carefully as one requiring attention at once. It would also be a beginning of the adjustment between municipalities and government that must be made sooner or later.

Abandonment of County Asylums to be Used for the Aged and Helpless

There is no doubt that the abandonment of some of the best of the County Asylum buildings will entail a certain amount of loss, and yet many of them might be available for various purposes such as Refuges for the Aged and Helpless, etc.

Further Requirements with Reference to the Mental Defectives

As has been pointed out in the section dealing with the schools, psychiatrists are needed for the purpose of diagnosing cases of mental abnormality in the schools and in prescribing the best methods of treatment and instruction. Psychologists should be employed to work in co-operation with the psychiatrists and would be of particular value in making psychiatric examinations to classify children according to intellectual endowment.

There is urgent need for the establishment of industrial classes in every community where there are 12 or more mental defectives. Halifax might well establish an observation class where suspected cases of abnormality could be studied over a period of days or weeks. In addition the establishment of a trade school for those graduating from the industrial classes would bridge the gap between the primary school and industry. There is also need of the employment of a Mental Hygiene Social Worker to supervise defective children in their homes and in industry.

The Canadian National Committee for Mental Hygiene wishes to express its thanks and appreciation for the assistance given by those in authority. The inspiring things already accomplished in Nova Scotia are a tribute to the leaders of thought in the Province and it is hoped the recommendations will be of help in formulating future plans.

MENTAL HYGIENE SURVEY OF MONTREAL PROTESTANT SCHOOLS

BY A. G. MORPHY, M.D., AND WILLIAM D. TAIT, PH.D.

I—INTRODUCTION

THIS survey was first proposed in 1913, but, as in the case of many other things, was postponed on account of the war. However, in the autumn of 1919, by the courteous permission of the Protestant Board of School Commissioners, the work was initiated and carried through until June of 1920. The investigation was made under the auspices of the Canadian National Committee for Mental Hygiene. It is hoped that this survey will prove of considerable benefit in helping to solve some of the educational and social problems of Montreal, and, as a consequence, be of some national value. After all, most of our social problems are child problems and must be dealt with by educational institutions.

We desire to record our sincere appreciation of the facilities so kindly extended by the Protestant Board of School Commissioners, as also the hearty co-operation afforded by both the principals and teachers. Miss Cole and Miss Chillas deserve hearty congratulations for the excellent social investigations. We also express our deep gratitude to Dr. G. S. Mundie for much timely advice and sagacious counsel.

II—THE PROBLEM

In a word, the problem set before us was to make a mental survey of the Protestant Schools of Montreal, with the following aims:—

1. To estimate the percentage of subnormal children in the schools —that is the percentage of retarded, borderline, feeble-minded, imbeciles and idiots.

2. To gain some idea of the number of supernormal children.

3. In addition to these two primary aims, several other important aspects were kept in sight, e.g.—relations of physical to mental defect, the prevalence of physical defect, relation of conduct to physical and mental defect and to mental superiority, etc.

5. To ascertain whether the facts warrant the establishment of special schools for special children.

4. To ascertain to what extent heredity and home conditions might be responsible for school difficulties.

III—THE POINT OF VIEW

It is perhaps well to explain in a very general way some of the terms used in connection with the estimation of intelligence. A mentally subnormal individual is one who, by some congenital or other defect, is incapable of acting upon his environment in a satisfactory manner. As someone has said, he is socially inadequate, and for that reason is unable to make his way in the world. It may be stated that although general intelligence, as usually discussed, is very important in the estimation of character and ability to get on, yet it is by no means the last word in the problem of adjustment. Other factors such as temperament, skill, and moral stability, play a most important role. As yet there are no objective methods of estimating these components of character, and much investigation is necessary along these lines. Following current usage, mental capacity or general intelligence may be expressed by the following terms, in a descending order:—

1. Genius
2. Very superior intelligence
3. Superior intelligence
4. Normal intelligence (average)
5. Backward or retarded
6. Borderline
7. Feeble-minded
8. Imbecile
9. Idiot

It must not be thought that there is any sharp demarcation between one class and another; in fact one merges into the other. Some individuals, grading between normal and superior for example, might be classified as either, but for practical purposes are put in one class or the other. Certain of those in group "5," the retarded, are to be considered as improvable to a considerable extent, because by proper methods of instruction or by removing physical or environmental defects, they can be brought up to the normal or average standard. The lower grades of intelligence, however, judging from the evidence now at hand, and it is not a little, must be considered as permanent in their defect. Although capable of some improvement, particularly in the way of acquiring certain dexterities, yet they can never be expected to attain normal intelligence and all that word implies, socially and educationally.

The outstanding feature is behaviour. Teachers select children for examination from this standpoint. The relation of school behaviour to general intelligence is only a portion of the larger question of the relation of delinquency to general intelligence, a question upon which a great deal of study and thought are being devoted at present.

Indissolubly associated with degree of intelligence are emotional status and the effects of environment. It is a mistake to think of a child in terms of intelligence quotient only. The child is a human being,

endowed with a certain body and brain structure; in these are tendencies transmitted direct from ancestors of countless ages, of which the child is unaware, and which are modified by environment—a human being, not merely a school unit or a cog in a huge machine similar to thousands of other cogs. He is an individual, has his own peculiarities of temperament, his own special reaction to environment, his own special failures to the routine of class-room and study.

If behaviour is the reaction of the individual to environment and the reaction is faulty, then, since we know what the school environment is, it follows that in order to understand the situation we must study the home surroundings and the individual himself.

Because comparatively few adults understand child psychology—and here we beg to emphasize the exceptions of many good mothers endowed with insight—and because our system of academic teaching is such as it is, i.e.,—collecting children together in groups according to certain presumed but not necessarily actual average grades of intellectual ability, and trusting to luck that each individual member of each group will evince no striking abnormalities of behaviour, therefore a certain amount of clogging of the machinery of the system is inevitable.

While it is comparatively simple to estimate roughly the intelligence of the average well behaved child by observing its daily class record and by school examinations, no means have been adopted, in this Province at least, of finding out what is the matter with the child whose conduct or class tests, or both, are inferior. Misconduct is probably put down to original sin breaking out in the form of aversion to discipline and subject to penalty; whereas, Ikey X., the restless, obstinate or weak-willed, inattentive, dull, lazy, little rascal, is probably of inferior intelligence to begin with, and in addition has enlarged tonsils and adenoids which interfere with free respiration and cause deafness, and may also have an itchy skin eruption on his body or head, or he may be poorly nourished through being insufficiently fed, or he may be allowed to live—there is such a case on record—on a diet of fried potatoes and coffee three times a day, a diet both improper, insufficient and overstimulating. Is it any wonder that he is restless? And even supposing that he is free from bodily infirmities and that he is properly and sufficiently fed, inferior intelligence may be enough to make him restless. Not comprehending the abstract things which his unlucky teacher is trying to pound into his head, he loses interest, and as human child energy is irrepressible, his innate force expresses itself in the form of unregulated action—that is misplaced action, which in the school-room is misconduct. "*Decensus facilis Averno.*" He retrogresses. He notices that he cannot keep up with the others, so it is of no use trying. If of sensitive type he begins to feel himself inferior and compensates by being bad. His ego must assert

itself some way or other, and being bad and notorious is easy and satisfying. Next he plays truant and gets in with a bad gang of boys. The Juvenile Court is probably the next station on this trunk line leading to chronic delinquency.

This is no fancy sketch emanating from the writer's imagination. Very many case records are available showing just such a sequence.

And it must be borne in mind that our existing scheme of education allows no escape for this boy. His parents force him to go to school, and while in school he must submit to being engaged in matters that are not only beyond his comprehension but are of no interest and positively distasteful. No outlet but the intellectual is provided for his caged energies. His emotional nature, his interests, his capacity for doing or making with his hands, his creative possibilities in the material way, are an unploughed field.

Adolf Meyer says "The highest aim of education will always lie in the proper encouragement and training of certain emotional assets, the interests, leanings and curiosities, ambitions, likes and dislikes, as well as of purely intellectual assets or knowledge."

Indeed this pertains to all children, but more especially to the abnormal. Many an average child finds the intellectual labour of studying abstract subjects distasteful. He would much rather play ball or go fishing, but his sense of duty and the *vis a tergo* of parental authority and school requirements keep him down to his task. How much more then does the mentally inferior, with his poorer brain equipment, his increased difficulty and consequent distaste for brain work, need to have his emotions, tastes, and interests studied.

The object of education should be to fit each individual to the work which he can perform with the greatest efficiency and happiness. William White, in his "Mental Hygiene of Childhood," says "education should be an exquisitely individual matter."

The existing system of education is adapted to the average normal child "en masse," and no provision is made for the supernormal, subnormal, or abnormal child.

It is to be expressly understood that in these remarks there is no implied reproach against our school authorities. They are doing the best they can under existing circumstances, which may be summarized as insufficient to meet ideal requirements.

IV—METHODS

Four modes of procedure were employed.

1. The teachers were asked to report on a printed form, here reproduced, the names of those children who were troublesome, backward,

stupid, repeaters, etc., as well as those who showed special aptitudes in their studies. These pupils were examined mentally by the Stanford Revision of the Binet-Simon Intelligence Tests.

2. In one school, 440 children were examined by the Otis Group Intelligence Tests. By this means a more accurate estimation of the number of children in each grade of intelligence was obtained. A comparison was also made in several cases with the rating given by the Binet Tests.

3. All children thus tested were then examined for neurotic conditions, psychoses and physical defects.

4. All cases of mental defect were followed up by an expert social worker, in order that the environmental conditions might be correlated with the mental and physical examinations.

V—EXTENT OF SURVEY

In all, eight schools were surveyed and 355 pupils were individually examined by Binet-Simon Tests according to the program outlined in the last section. This group of schools does not represent any particular district in the city, but rather widely separated areas, thus affording a study of mentality amongst the various components of the population. Typical schools in the industrial, residential and foreign districts are included. A sort of bird's eye view is thus obtained. A total of 795 children were examined including those examined by means of the Group Tests.

VI—TABULATION OF RESULTS

SCHOOL No. 1

NATIONALITY OF PARENTS—90 per cent Jewish—Canadian-Russian and Canadian-Polish—with a sprinkling of Canadian-Austrians and Canadian-Roumanians.

GENERAL HOME CONDITIONS—Parents are of a money-making, money-saving type. Occupations: garment makers and labourers; in many cases the mothers are also working, in which case, the home is naturally not an ideal one.

Enrolment	1600	Pupils examined	84

INDIVIDUAL TESTS

FINDINGS		GROUPS	
Supernormal	1	Supernormal	1
Normal	11	Normal	14
Retarded	20	Retarded	20
Borderline	23	Mentally deficient	49 or 3.06%
Feebleminded	17		
Imbecile	7		
Idiot	2		

Repeats 203

(These are obtained merely from School No. 1 records—children may have repeated many times in other schools.)

Name	Age	Grade	Repeats	Conduct	Diagnosis	†M.A.	‡I.Q.	Physical Defects	Recommendations
A. A.	9–2	1–2	6	Weakwilled, dull	Idiot	4	40	Squint	Unsuitable for ordinary class.
A. M.	11–1	2–2	7	Weakwilled, dull	Imbecile	5–8	51	Decayed teeth and squint	Unsuitable for ordinary class.
A. G.	11	5–2	4	Dull, stubborn	Retarded	9–2	85	None	Unsuitable for ordinary class.
A. F.	13–8	7–1	5	Dull, stubborn, untruthful, pugnacious	Retarded	11	80	Decayed teeth	Unsuitable for ordinary class.
A. M.	12	4–2	6	Weakwilled, lazy	Feebleminded	8–65	68	Slight defective nasal breathing	Should have nose examined. Unsuitable for ordinary class.
A. D.	11	3–2	7	Dull	Feebleminded	7	60	Malnutrition	Unsuitable for ordinary class.
A. M.	12	6–1	1	Good	Retarded	10–3	83	Malnutrition; anaemia	Unsuitable for ordinary class. Needs medical care.
A. R.	13	6–2	5	Stubborn, lazy	Borderline	9–2	70	Eye defect	See eye specialist. Unsuitable for ordinary class.
A. J.	9–10	4–1	1	Dull	Retarded	8–2	87	None	Ordinary class.
A. E.	12	5–1	6	Dull, stubborn, cheats, quarrelsome	Feebleminded	8–8	65	None	Unsuitable for ordinary class.
A. R.	7	1–1	1	Dull	Borderline	5–6	78	Decayed teeth	Unsuitable for ordinary class.
B. I.	11–9	5–1	2	Dull, restless, incorrigible, lazy	Retarded	10–2	86	None	Unsuitable for ordinary class.
B. C.	9–8	3–1	2	Lazy, pugnacious, restless, incorrigible	Borderline	7–2	73	Tonsils	Needs medical attention. Unsuitable for ordinary class.
B. W.	9–2	2–1	4	Dull, stubborn, restless, sly	Borderline	7	76	Malnutrition, decayed teeth, defective nasal breathing.	Needs medical care. Unsuitable for ordinary class.

† Mental Age. ‡ Intelligence Quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
B. S.	13-1	5-2	0	Dull, restless, weak-willed, lazy	Imbecile	8	61	None	Unsuitable for ordinary class.
B. M.	13-2	5-2	3	Lazy, restless, incorrigible	Borderline	9-5	71	None	Unsuitable for ordinary class.
B. L.	12-1	4-2	1	Impulsive	Borderline	8-2	73	None	Unsuitable for ordinary class.
C. P.	8-9	3-1	2	Lazy, pugnacious, restless, incorrigible	Retarded, psychopathic tendencies	8-75	87	Defective nasal breathing	Unsuitable for ordinary class.
C. P.	8-7	1-2	1	Dull	Feebleminded	8-5	65	Malnutrition, tonsils, squint	Needs medical care. Unsuitable for ordinary class.
C. B.	6	1-1	0	Dull	Retarded	5	83	None	Ordinary class.
C. N.	13-7	5-1	7	Incorrigible, dull	Borderline	9-2	73	None	Ordinary Class.
C. H.	11-2	2-2	3	Good	Borderline	8-8	73	Malnutrition, anaemia, tonsils	Needs medical care. Unsuitable for ordinary class.
C. S.	8	1-2	4	Dull, pugnacious, lazy	Borderline	6	74	Defective nasal breathing	Unsuitable for ordinary class.
E. M.	12-9	5-1	1	Impulsive, restless, incorrigible	Borderline	10-8	79	None	Unsuitable for ordinary class.
E. H.	7	1-2	1	Impulsive, restless, incorrigible	Retarded	6	85	Decayed teeth, defective hearing, tonsils and adenoids	Unsuitable for ordinary class.
F. L.	13-10	5-1	7	Lazy, restless, incorrigible	Borderline	8-9	77	None	Unsuitable for ordinary class.
F. N.	12-3	7	2	Weak-willed, incorrigible	Retarded	10-2	83	None	Unsuitable for ordinary class.
F. I.	10	4-1	3	Restless	Normal	9-5	95	Malnutrition	Ordinary class
F. W.	13-6	5-2	4	Weak-willed, lazy	Borderline	9-75	72	Adenoids, decayed teeth	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
F. A.	11	5–2	..	Dull	Retarded	9–7	83	Eyesight defective	Eye specialist should be consulted. Unsuitable for ordinary class.
G. M.	9	3–1	3	Restless	Retarded	8–6	88	Malnutrition	Unsuitable for ordinary class.
G. S.	10	4–1	2	Good	Normal	10	100	None	Ordinary class.
G. D.	6	1–1	1	Dull	Retarded	4–10	80	None	Ordinary class.
G. B.	12–3	4–2	2	Restless, lazy, weak-willed	Feebleminded	8–8	68	Defective nasal breathing	Unsuitable for ordinary class.
G. S.	4–2	5	5	Lazy, dull	Feebleminded	8–3	69	Squint	Unsuitable for ordinary class.
G. S.	11–6	2–1	9	Weak-willed, lazy, restless	Feebleminded	7	61	Tonsils	Needs medical care. Unsuitable for ordinary class.
H. H.	8–6	1–1	3	Dull, stubborn, restless, sly, cannot dress himself	Idiot	2	30	None	Unsuitable for ordinary class
I. E.	13	5–2	7	Stubborn, untruthful, dishonest	Feebleminded	8–4	67	None	Unsuitable for ordinary class.
J. D.	12	5–2	3	Dull	Borderline	9–10	76	None	Unsuitable for ordinary class.
K. H.	14	..	..	.....	Normal	12–7	90	None	Ordinary class but needs special teaching.
K. R.	13	5–1	..	Lazy, untruthful, restless	Feebleminded	9–75	67	None	Unsuitable for ordinary class.
K. M.	13–9	7–1	1	Stubborn, pugnacious, lazy, incorrigible	Retarded, with psychopathic tendencies	11–4	82	Anaemia	Unsuitable for ordinary class.
K. H	12–1	4–2	5	.....	Feebleminded	7–10	64	Tonsils, adenoids, malnutrition, anaemia	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
L. P.	11–2	4–1	2	Dull	Retarded	9	80	Defective nasal breathing	Unsuitable for ordinary class.
L. H.	12	4–1	4	Stubborn, dull	Borderline	8–8	72	Tonsils	Unsuitable for ordinary class.
L. S	12	5–2	1	Impulsive, lazy, restless	Borderline	9–7	79	Rickets	Unsuitable for ordinary class.
L. S.	12	2–2	..	Dull	Idiot	3	23	None	Unsuitable for ordinary class.
L. M.	9–4	2–2	4	Sly	Retarded	7–10	83	Tonsils and adenoids	Needs medical care. Unsuitable for ordinary class.
M. I.	11–3	5–1	1	Stubborn, untruthful, pugnacious, incorrigible	Borderline	10–4	79	None	Unsuitable for ordinary class.
M. B.	12–5	5–2	4	Dull	Retarded	11	88	Malnutrition, anaemia	Unsuitable for ordinary class.
M. C.	7–8	..	1	Dull	Feebleminded	4–85	64	Defective nasal breathing	Unsuitable for ordinary class.
M. B.	12–5	4–2	2	Weak-willed, deceitful, neat, tries hard	Feebleminded	8–2	65	None	Unsuitable for ordinary class.
M. I.	9–3	4–1	1	Impulsive, lazy, restless, nuisance to class	Normal	9–85	107	None	Class suitable to mental age. Needs special attention.
M. G.	11–5	4–2	4	Dull, seclusive, lazy, incorrigible	Borderline	8–6	74	Malnutrition, anaemia, eye defective	Needs medical care, overworked; attends Hebrew school. Unsuitable for ordinary class.
N. J.	12–5	5–2	7	Lazy, dull	Feebleminded	8–6	68	None	Unsuitable for ordinary class.
N. G.	8–3	1–2	82	Dull	Retarded	6–85	83	None	Unsuitable for ordinary class.
O. T.	11–6	2–2	8	Dull	Borderline	8–2	71	Tonsils and adenoids	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
P. S.	14–10	5–2	3	Dull, weak-willed	Imbecile	9–1	61	Malnutrition, decayed teeth	Unsuitable for ordinary class.
P. R.	6	1–1	1	Learns slowly	Normal	..	94	Tonsils and adenoids	Needs medical care. Ordinary class.
P. M.	11	5–2	1	.....	Normal	10–3	94	None	Ordinary class.
S. I.	8–2	2–1	1	Dull	Normal	8–25	101	None	Ordinary Class.
S. D.	8–9	3–1	1	Lazy, restless, incorrigible	Normal	8	91	None	Ordinary class; overworked —goes to Hebrew school.
S. S.	10–8	4–1	1	Restless	Retarded	9–15	90	Eyesight possibly defective	Eye specialist consulted. Ordinary class.
S. M.	11	5–1	7	Dull, weak-willed, lazy	Normal	10–2	92	Decayed teeth	Unsuitable for ordinary class.
S. D.	8–9	1–2	1	Weak-willed, dull	Feebleminded	6	69	Malnutrition, anaemia, decayed teeth.	Unsuitable for ordinary class. Needs medical care.
S. I.	7	1–1	1	Slow	Borderline	5–10	72	Malnutrition	Unsuitable for ordinary class. Needs medical care.
S. R.	12	3–2	1	Dull, weak-willed, seclusive	Borderline	8–4	70	Anaemia, very marked. Malnutrition	-Needs medical care. Unsuitable for ordinary class.
S. P.	5–9	1–1	..	Bright, normal	Supernormal	7	112	None	Class suited to mental age.
S. H.	12–9	5–1	1	Dull, restless, pugnacious	Normal	11–7	92	Anaemia, eye defect	Ordinary class; overworked —attends Hebrew school. Needs medical care.
S. M.	10	5–1	1	.....	Normal, psychopathic tendencies	9–2	91	Nervous; emotional	Overworked—attends Hebrew school. Ordinary class.
S. C.	13	5–1	..	Dull	Imbecile	8–2	62	None	Unsuitable for ordinary class.
S. R.	11–5	2–2	2	Dull	Feebleminded	7–8	66	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
T. L.	9-2	3-1	..	Lazy, restless, incorrigible	Retarded	8	87	Malnutrition, adenoids, decayed teeth	Needs medical care. Unsuitable for ordinary class.
T. T.	10-8	2-1	1	Stubborn	Imbecile	6-8	60	Malnutrition, anaemia.	Unsuitable for ordinary class.
U. I.	8-9	2-1	3	Restless, stubborn	Retarded	7-8	87	None	Ordinary class.
W. H.	8-9	3-1	1	Weak-willed, lazy, incorrigible	Normal	8-10	100	None	Ordinary Class.
W. R.	10-11	4-2	3	Lazy, untruthful, immoral	Normal (intellectually), morally deficient	x-10	90	None	Ordinary class, with special supervision.
W. S.	10-11	4-2	1	Impulsive, lazy, pugnacious, untruthful	Borderline	8-8	79	None	Unsuitable for ordinary class.
W. V.	9-2	1-2	2	Fair	Borderline	6-85	75	Tonsils and adenoids decayed teeth	Needs medical care. Unsuitable for ordinary class.
W. M.	10-9	2-2	2	Deceitful, dull	Imbecile	6-2	57	None	Unsuitable for ordinary class.
W. P.	8-1	1-2	1	Untruthful, dishonest	Borderline	5-8	70	Tonsils and adenoids —hearing defective	Unsuitable for ordinary class.
W. D.	11-3	4-1	..	Dull, nervous	Borderline	8-6	75	Tonsils and adenoids —defective eyesight	Needs medical care. Unsuitable for ordinary class.
W. F.	12	5-1	3	Weak-willed, shy, dull	Feebleminded	8-4	69	Anaemia, tonsils	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 2

NATIONALITY OF PARENTS—90% Jewish, Canadian born or Russian parents—the remainder consisting of Chinese, Syrian, Italian and a few English and Scotch.

GENERAL HOME CONDITIONS—Rather poor, notwithstanding that the people are earning good wages—apparently they are saving their money. Occupations, chiefly garment-makers, pressers and tradespeople.

Enrolment	927
Pupils Examined	31

FINDINGS	
Supernormal	3
Normal	1
Retarded	8
Borderline deficiency	14
Feebleminded	3
Imbecile	0
Idiot	2

GROUPS	
Supernormal	3
Normal	1
Retarded	8
Mentally deficient	19 or 2.04%

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. J.	11	2-2	..	Nervous	Borderline	8	71	Hearing, decayed teeth, defective nasal breathing, stutters	Needs medical care. Unsuitable for ordinary class.
B. I.	8	2-1	..	Dull	Borderline	6 4	78	Tonsils, adenoids, defective nasal breathing, decayed teeth	Needs medical care. Unsuitable for ordinary class.
B. M.	13	7-1	.	Lazy, restless	Supernormal	15 8	120	None	Unsuitable for ordinary class.
C. P.	11	4-2	..	Stubborn, lazy, restless	Retarded	9 3	84	Tonsils, adenoids, decayed teeth	Needs medical care. Unsuitable for ordinary class.
D. I.	11	3-2	..	Dull	Borderline	8½	77	Chronic eye inflammation	Treatment for eyes. Unsuitable for ordinary class.
D. H.	10	3-2	..	Pronounced restlessness; cannot concentrate	Retarded	8 4	83	Decayed teeth	Unsuitable for ordinary class.
D. H.	10	1-2	..	Pugnacious, lazy, restless	Feebleminded	6	60	Malnutrition	Unsuitable for ordinary class.
D. J.	14½	5-1	..	Lazy, restless, dull	Feebleminded	9 8	66	None	Unsuitable for ordinary class.
D. D.	12	4-2	..	Weak-willed, lazy, restless	Borderline	9	75	None	Unsuitable for ordinary class.
D. P.	7	Kindergarten	..	Dull, shy	Borderline	5 4	76	Anaemia, decayed teeth	Needs medical care. Unsuitable for ordinary class.
G. R.	6	Kindergarten	.	Weak-willed, secluisive	Feebleminded	3 8	61	Anaemia, tonsils	Needs medical care. Unsuitable for ordinary class.
J. B.	11	6-1	..	Exceedingly bright, restless	Supernormal	11 10	134	None	Class suitable to mental age.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
K. J.	6	Kindergarten	..	Weak-willed, dull, restless	Borderline	4.2	69	None	Ordinary class.
K. D.	13	7–2	..	Seclusive, shy	Retarded	12	88	Decayed teeth, rickety chest	Needs medical care. Ordinary class.
L. C.	6	1–1	..	Weak-willed, seclusive	Borderline	4–4	72	Malnutrition, decayed teeth, nervous	Unsuitable for ordinary class.
M. M.	7	1–2	..	Shy, dull	Retarded	6–4	90	Tonsils, decayed teeth, adenoids	Needs medical care. Ordinary class.
M. A.	8	1–2	..	Dull	Retarded	6–4	80	Defective nasal breathing, eye defect	Needs medical care. Ordinary class.
M. E.	13	4–1	..	Dull, shy	Borderline	9–6	73	Malnutrition, enlarged tonsils	Needs medical care. Unsuitable for ordinary class.
P. M.	6	1–1	..	Dull	Borderline	4–6	75	Defective nasal breathing, malformed ears, speech defect, slightly deaf	Needs medical care. Ordinary class.
P. J.	11	2–2	..	Seclusive	Retarded	9–4	86	Malnutrition, anaemia, tonsils, adenoids, nervous	Needs medical care.
R. M.	8	1–1	..	Affectionate, dull	Idiot	3–6	43	Defective nasal breathing, decayed teeth, microcephalic lisp	Unsuitable for ordinary class.
R. N.	9	1–2	..	Seclusive	Borderline	6.8	72	Decayed teeth	Unsuitable for ordinary class.
S. J.	11	4–2	..	Inattentive, restless, lazy, dull	Retarded	9	80	Anaemia, enlarged tonsils	Unsuitable for ordinary class.
S. M.	10	4–2	..	Most stubborn, incorrigible, nervous	Normal, with psychopathic tendencies	9.11	99	Decayed teeth	Ordinary class, but certain amount of psychiatric supervision advisable. Class suitable tımental age.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
S. A.	12	5–1	..	Untruthful	Supernormal	13	110	None	Class suitable to mental age.
S. A.	6	Kindergarten	..	Highly strung, untruthful, weak-willed, restless	Borderline	4.6	75	Defective breathing, decayed teeth	Needs medical care. Unsuitable for ordinary class.
S. L.	8	1–1	..	Dull, weak	Idiot	2.8	33	Decayed teeth	Unsuitable for ordinary class.
S. H.	7	2	..	Dull	Borderline	5.6	80	Malnutrition, decayed teeth, tonsils	Needs medical care. Ordinary class.
T. M.	11	4–1	..	Lazy, dull	Retarded	8.10	80	Defective eyesight, tonsils	Needs medical care. Unsuitable for ordinary class.
T. P.	11	3–2	..	Weak-willed, lazy	Borderline	8.4	75	Defective eyesight	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 3

NATIONALITY OF PARENTS—Mostly Canadian-English, with a few Jews and one or two French.

GENERAL HOME CONDITIONS—Labouring class—many of the mothers working, with a few Institutional cases.

Enrolment	210	Pupils examined	24

FINDINGS		GROUPS	
Supernormal	1	Supernormal	1
Normal	6	Normal	6
Retarded	6	Retarded	6
Borderline	9	Mentally deficient	11 or 5.27%
Feebleminded	0		
Imbecile	1		
Idiot	1		

Repeats 7

(These are obtained merely from School No. 3 records—children may have repeated many times in other schools.)

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. V.	13	1–2	New pupil	Dull	Imbecile	7.3	56	Old hip joint disease, squint	Unsuitable for ordinary class.
B. H.	10.3	3–2	1	Weak-willed, dull, restless, lazy	Borderline	..	71	None	Unsuitable for ordinary class.
B. R.	5.7	Kindergarten	New pupil	Weak-willed, seclusive, restless	Borderline	4.5	79	.....	.....
B. W.	7	1–2	New pupil	Weak-willed, shy, dull	Borderline	5.4	77	Tonsils	Needs medical care. Unsuitable for ordinary class.
C. C.	12.2	4	..	Weak-willed, stubborn	Retarded	12.2	82	Decayed teeth, anaemia	Needs medical care. Unsuitable for ordinary class.
C. M.	7	1–2	New pupil	Weak-willed, shy, restless, dull	Normal	6.8	95	None	Ordinary class.
D. S.	6	1–2	1	Weak-willed, restless, lazy	Retarded	5.4	9	None	Ordinary class.
F. N.	10	3–2	1	Weak-willed, restless, lazy	Retarded	8.3	83	None	Unsuitable for ordinary class.
F. E.	10.10	..	..	Willing, slow, stolid	Borderline	8.4	77	Tonsils	Needs medical care. Unsuitable for ordinary class.
G. A.	6	1-2	New pupil	Weak-willed, dull	Normal	5.8	97	Decayed teeth	Nose and throat examination; dental care. Ordinary class.
H. M.	15	3.2	2	Weak-willed	Idiot	4.5	33	Decayed teeth	Unsuitable for ordinary class.
H. J.	9.10	2	1	Weak-willed, shy, lazy	Borderline	7.4	75	Decayed teeth, defective nasal breathing	Examination of nose. Unsuitable for ordinary class.
H. F.	8.8	2	1	Incorrigible, shy, restless, dull	Borderline	7	80	Decayed teeth	Needs medical care. Unsuitable for ordinary class.
H. D.	9.9	4	..	impulsive, restless, bright, shy	Supernormal	11	112	None	Class suitable to mental age.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Re-peats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
H. A.	6.4	Kinder garten	..	Weak-willed, restless, shy	Retarded	6.1	53	.....	.....
K. E.	14.4	4	2	Stubborn, dull, lazy	Borderline	..	70	.....	.....
L. B.	6	1–2	0	Weak-willed, lazy, impulsive	Normal	5.6	93	Slight anaemia	Ordinary class.
M. J.	9.6	2	New pupil	Incorrigible, restless, lazy	Borderline	7.1	75	.....	.....
S. C.	10.8	2	2	Incorrigible, impulsive, restless	Borderline	8	75	None	Unsuitable for ordinary class.
S. W.	9.6	2	2	Lazy, restless, shy	Normal	8.6	91	None	Ordinary class.
S. M.	10	4	..	Seclusive, dull	Retarded	8.5	85	None	Ordinary class.
S. K.	6	1–2	..	Restless, dull	Normal	6.5	108	.....	.....
T. D.	13.7	4	New Pupil	Weak-willed, restless, impulsive	Retarded	11.7	86	Malnutrition, decayed teeth	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 4

NATIONALITY OF PARENTS—Canadian-English and Canadian-Scotch, with a few Canadian-Russian.

GENERAL HOME CONDITIONS—Fair home conditions. Occupations: mechanics, shopkeepers and boarding-house keepers. There is also an attendance from the Ladies' Benevolent Institute and the Hebrew Sheltering Orphans' Home.

Enrolment	487	Pupils examined	50

FINDINGS		GROUPS	
Supernormal	2	Supernormal	2
Normal	8	Normal	8
Retarded	18	Retarded	18
Borderline deficiency	17	Mentally deficient	22 or 4.51%
Feebleminded	4		
Imbecile	1		
Idiot	0		

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. R.	7.9	1–1	..	Restless, dull	Borderline deficiency	6	77	None	Ordinary class.
A. G.	11	4–2	..	Untruthful, pugnacious, impulsive, restless	Normal, with sensitive disposition	(10.11)	99	Defective sight	Eyes should be tested. Ordinary class, with special attention to peculiar temperament.
B. E.	8	1–1	..	Stubborn, dull, restless	Imbecile	4.10	54	Tonsils, adenoids	Needs medical care. Unsuitable for ordinary class.
B. C.	5–7	Kindergarten	..	Stubborn, dull	Retarded	4.6	80	None	Ordinary class.
B. E.	15	6	..	Dull	Borderline	11–2	74	None	Unsuitable for ordinary class.
B. E.	7	..	..	.....	Retarded	5.10	83	Defective nasal breathing, decayed teeth	Nose examination. Ordinary class.
C. R.	7.1	1–1	..	Stubborn, lacks concentration	Retarded	5.8	80	.....	Ordinary class.
C. J.	7–3	1–1	..	Stubborn, dull	Retarded	6.2	85	Stutters (shy and nervous)	Unsuitable for ordinary class.
D. M.	9.2	2–1	..	Weak-willed, dull	Retarded	7–4	80	Defective nasal breathing, decayed teeth	Unsuitable for ordinary class. Should have nose examined.
D. G.	11.11	2–2	..	Weak-willed, dull, restless	Borderline	8.6	71	Defective nasal breathing, decayed teeth	Needs medical care. Unsuitable for ordinary class.
E. I.	10.3	2–1	..	.....	Borderline	7.8	74	Slight malnutrition, decayed teeth	Unsuitable for ordinary class.
G. A.	9.7	2–1	..	Restless, dull	Retarded	7.10	82	None	Unsuitable for ordinary class.
F. J.	7.2	1–1	..	.....	Feebleminded	..	..	Old injury to right eye	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
F. J.	7	2-1	..	Bright	Supernormal	9 8	133	None	Class suitable to mental age.
G. M.	6 8	1-1	..	Fair	Borderline	5 2	77	None	Ordinary class.
G. F.	6 8	1-1	..	Dull	Borderline	4 8	70	.....	Ordinary class.
H. J.	6	1-1	..	.....	Retarded	5 4	88	Tonsils, adenoids, decayed teeth	Ordinary class. Needs medical care.
H. G.	7 4	1-1	..	.....	Borderline	5 6	75	Tonsils, adenoids	Nose and throat examination. Unsuitable for ordinary class.
G. J. P.	10	3-2	..	Restless, lazy	Retarded	8 7	85	Tonsils, adenoids, defective hearing	Nose and throat examination. Unsuitable for ordinary class.
K. G.	10	2 1	..	Incorrigible, restless	Retarded	8 4	82	Tonsils	Nose and throat examination. Unsuitable for ordinary class.
K. H.	11	8 3	..	Average ability, lazy	Retarded	8 3	80	Decayed teeth	Unsuitable for ordinary class.
L. W.	7 8	2 2	..	Very bright	Supernormal	9 10	127	None	Class suitable to mental age.
M. E.	6	1 1	..	.....	Normal	6 6	95	Tonsils	Throat examined. Ordinary class.
M. A.	7	1 1	..	Dull, lazy	Normal	6 6	90	Tonsils, adenoids, decayed teeth, defective hearing	Needs medical care. Ordinary class.
P. R.	7 10	1-2	..	Weak-willed, dull	Borderline	5 10	72	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
P. E.	10	2-2	..	Weak-willed, dull, dishonest, untruthful	Borderline	7.4	72	None	Unsuitable for ordinary class.
P. J.	7	1-2	..	Restless, dull, weak-willed	Retarded	6	82	Malnutrition, decayed teeth	Unsuitable for ordinary class.
P. V.	10	2-2	..	.....	Borderline	7.2	71	Malnutrition, decayed teeth	Unsuitable for ordinary class.
R. G.	8.2	1-1	..	.....	Feebleminded	5.2	63	.....	Unsuitable for ordinary class.
R. G.	8.2	1-1	..	.....	Feebleminded	6.6	67	Tonsils	Throat examined. Unsuitable for ordinary class.
S. T.	6.6	1-1	..	.....	Retarded	5.6	84	Tonsils, adenoids, decayed teeth	Should see throat specialist. Ordinary class.
S. A.	14	5-2	..	Stubborn	Borderline	10.11	77	.....	Unsuitable for ordinary class.
S. B.	9.8	2-1	..	Dull	Borderline	7	72	None	Unsuitable for ordinary class.
S. N.	12	5.2	..	Weak-willed, dull, lazy	Retarded	9.9	81	None	Unsuitable for ordinary class.
S. T.	10	..	..	Restless dull.	Retarded	8.8	86	None	Unsuitable for ordinary class.
K. M.	7.7	1-1	..	Dull, lazy	Retarded	6.2	81	Defective nasal breathing, anaemia	Needs medical care. Unsuitable for ordinary class.
S. F.	9	3-2	..	Bright, nervous, restless, shy	Normal (nervous)	9	100	None	Ordinary class.
S. M.	7	1-1	..	Dull, stubborn	Retarded	5.8	80	.....	Ordinary class.
S. L.	6.2	Kindergarten	..	Dull, lazy	Retarded	5	82	None	Ordinary class.
S. C.	8.9	1-1	..	Dull	Feebleminded	6	68	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q. —Intelligence quotient.

Name	Age	Grade	Re-peats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
T. V.	13	6	..	Dull, shy	Borderline	10 10	78	None	Unsuitable for ordinary class.
T. A.	9 8	2-1	..	Normal will, restless	Borderline	7 8	79	None	Unsuitable for ordinary class.
T. H.	6	1-1	..	Dull, stubborn	Normal	5 10	96	.....	Ordinary class.
N. T.	6	1-1	..	Dull, stubborn	Retarded	5 4	88	.....	Ordinary class.
W. G.	7	1-2	..	Dull	Borderline	6	79	None	Unsuitable for ordinary class.
W. A.	8	2-2	..	Stubborn, lazy, restless.	Normal	8 4	..	None	Ordinary class.
W. H.	6	1-1	..	Dull, impulsive	Normal	5 10	96	.....	Ordinary class.
W. H.	12	3-2	..	Restless, lazy, dull	Borderline	8 9	70	None	Unsuitable for ordinary class.
W. A.	12-4	6	..	Stubborn, dull, lazy	Normal	11 10	96	None	Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No 5

NATIONALITY OF PARENTS—90% Canadian-Russian Jews—about 40 Chinese, with a sprinkling of Greek-Roumanians and Protestant Italians.

GENERAL HOME CONDITIONS—Housing conditions rather poor; money making and saving type of small shop-keepers and garment-makers.

Enrolment	85.7	Pupils examined	39

FINDINGS		GROUPS	
Genius	2	Genius	2
Normal	17	Normal	17
Retarded	10	Retarded	10
Borderline	9	Mentally deficient	20 or 2.33%
Feebleminded	4		
Imbecile	5		
Idiot	2		

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. G.	7	1-1	..	Weak-willed, restless, dull	Feebleminded	4.4	60	Defective nasal breathing, decayed teeth	Needs medical care.
A. E.	11	3-2	..	Attention wanders, lazy, dull	Borderline	8	72	None	Unsuitable for ordinary class.
A. A.	12	1-1	..	No will-power; dismissed from school as could not be directed by teacher	Idiot	57	42	None	Unsuitable for ordinary class.
B. A.	10	2.2	..	Weak-willed, dull, normal; lacks concentration	Normal	9.2	91	Tonsils, adenoids, malnutrition, decayed teeth, anaemia	Operation for tonsils and adenoids. Ordinary class.
B. L.	10	3-1	.	Restless, dull, lacks concentration	Retarded	8.8	86	None	Ordinary class.
B. C.	6	1-1	..	Dull	Imbecile	3.8	60	None	Unsuitable for ordinary class.
B. I.	14	5.2	..	Weak-willed, restless, dull	Retarded	11.9	80	Tonsils, adenoids	Needs medical care. Ordinary class.
C. R.	14	..	..	.....	Borderline	10	71	Eye defect, decayed teeth	Needs medical care. Unsuitable for ordinary class.
E. N.	14	6-2	..	Pugnacious, lazy, dull	Borderline	10.3	73	Tonsils, adenoids, decayed teeth	Needs medical care. Unsuitable for ordinary class.
F. H.	12	2.2	..	Weak-willed, restless, dull	Feebleminded	7	60	None	Unsuitable for ordinary class.
F. W.	14	4-1	..	Pugnacious, dull, smokes cigarettes, lazy.	Imbecile	8	57	None	Unsuitable for ordinary class.
F. E.	9	2-2	..	Dull	Normal	9	100	Malnutrition, decayed teeth	Needs medical care. Ordinary class.
F. M.	12	..	..	.....	Retarded, psychopathic, inferior	9	90	Hoarse	Needs nose and throat examination. Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
G. W.	8	1-2	..	Weak-willed, restless, dull.	Retarded	6.8	81	Had accident when 5 years old; injury to skull; left eye is blind	Unsuitable for ordinary class.
I. A.	11	3-1	..	incorrigible, untruthful, dull	Imbecile	5.8	57	Decayed teeth	Unsuitable for ordinary class.
K. F.	8	2-1	..	Weakwilled, dull	Retarded	7	85	Malnutrition, tonsils, adenoids, anaemia.	Needs medical care. Ordinary class.
K. M.	11	3-2	..	Weak-willed, dull, shy	Retarded	9.8	88	None	Unsuitable for ordinary class.
L. S.	8	2-1	..	Weak-willed, restless, dull	Retarded	6.6	31	None	Ordinary class.
L. A.	14	6-2	..	Dull	Borderline	x7	75	Decayed teeth	Unsuitable for ordinary class.
P. A.	14	6-1	..	Very dull	Borderline	11	79	Tonsils and adenoids	Operation for tonsils and Adenoids. Unsuitable for ordinary class.
P. T.	12	4-2	..	Stubborn, dull, untruthful, incorrigible, pugnacious	Feebleminded	8-2	68	Malnutrition, decayed teeth	Needs medical care. Unsuitable for ordinary class.
P. M.	9	4-2	..	Restless, bright	Supernormal	15.11	175	.....	Class suitable to mental age.
R. R.	10	3-1	..	Stubborn, truant, incorrigible, lazy	Retarded	8.2	81	Defective nasal breathing, decayed teeth malnutrition	Needs medical care. Ordinary class.
R. S.	7	1-2	..	Dull	Retarded	6.6	90	Anaemia, malnutrition	Needs medical care. Ordinary class.
R. D.	9	1-1	..	Destructive, dull	Idiot	3	33	Tonsils, adenoids	Needs operation. Unsuitable for ordinary class.
S. H.	11	..	..	.....	Normal	10	90	None	Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
S. I.	11	2–2	..	Lack of concentration, dull	Imbecile	6	54	Tonsils, adenoids	Operation necessary. Unsuitable for ordinary class.
S. R.	9	2–2	..	Weak-willed, no power of concentration	Borderline	6.10	75	Decayed teeth, malnutrition	Needs medical care. Unsuitable for ordinary class.
S. D.	13	..	..	.....	Normal	12	90	Tonsils, adenoids, eye defect	Needs medical care. Ordinary class.
S. L.	10	3–1	..	Untruthful, dull	Normal	9.2	91	Anaemia, decayed teeth, malnutrition	Needs medical care. Ordinary class.
S. D.	9	2–1	..	Dull, pugnacious, lacks concentration	Borderline	7	77	None	Ordinary class.
S. T.	12	2–2	..	Nervous, dull, restless	Imbecile	5.6	46	Hearing, defective nasal breathing	Unsuitable for ordinary class.
S. S.	8	4–1	..	Bright	Supernormal	13.3	165	.....	Class suitable to mental age.
S. I.	14½	6–2	..	incorrigible, dull, restless, lazy	Normal	13	90	Tonsils, adenoids	Needs medical care. Ordinary class.
S. I.	12	4–2	..	Weak-willed, dull, pugnacious	Retarded	10.4	89	Defective nasal breathing	Needs medical care. Ordinary class.
S. R.	9	2–2	..	Weak-willed, dull, untruthful, lazy	Borderline	7	70	None	Unsuitable for ordinary class.
F. R.	12	4–1	..	Seclusive, dull, restless, shy	Borderline	8.4	70	Decayed teeth	Unsuitable for ordinary class.
Z. G.	8	1–2	..	Weak-willed, dull	Feebleminded	5.4	66	Decayed teeth. Mouth breathing	Medical examination. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 6

NATIONALITY OF PARENTS—Seventy (70) per cent. Jewish—Canadian predominating, with a sprinkling of Canadian-Scotch, Canadian-English, and a few Irish, Scotch, English and Americans. One (1) West Indian (white).

GENERAL HOME CONDITIONS—Parents are of the poorer type. Occupations: railroad men, labourers and factory hands; in many cases the mothers work.

Enrolment	770	Pupils examined	29

INDIVIDUAL TESTS

FINDINGS		GROUPS	
Supernormal	0	Supernormal	0
Normal	6	Normal	6
Retarded	4	Retarded	4
Borderline	10	Mentally deficient	19
Feebleminded	9		
Imbecile	0		
Idiot	0		

Percentage of Feebleminded	1.16%
Percentage of Mentally deficient	2.46%

SCHOOL REPORT — SCHOOL No. 6 — SURVEY REPORT

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. H.	12.9	6.1	3	Dull	Borderline	9–3	72	Pale, poorly nourished, under developed; wears glasses	Unsuitable for ordinary class. Needs medical attention.
B. G.	9.7	3-1		Weak-willed, lazy, dull, seclusive, pronounced shyness	High borderline	7–7	79	High arched palate	Unsuitable for ordinary class.
B. J.	10.4	3-1	4	Dull, lazy	Feebleminded	7	67	Speech defect. Mouth breather. Adenoids and tonsils	Unsuitable for ordinary class. Should have nose and throat examination.
B. J.	12.10	4	1	Dull, poor comprehension, lazy, restless, impulsive, incorrigible	Borderline	9.3	72	None	Unsuitable for ordinary class.
B. A.	14.6	6-1	2	Dull	Feebleminded	9–11	68	None	Unsuitable for ordinary class.
B. W.	11.3	4	1	Dull, Weakwilled, lazy, untruthful, restless, truant.	Normal	10.6	93	None	Ordinary class.
B. J.	8.6	3-1	1	Lazy, weakwilled, truant	Normal	7 8	90	Notched teeth	Ordinary class.
B. F.	11.5	3-1	2	Dull, weak-willed, lazy, restless	Feebleminded	7–9	67	Notched teeth. (somewhat of Hutchison type)	Unsuitable for ordinary class.
B. A.	14.5	4-1	2	Dull, weakwilled, pronounced shyness	Feebleminded	9	68	None	Unsuitable for ordinary class.
B. J.	11	5-1	2	Bright, weak-willed, profane, lazy, untruthful	Borderline	10.6	95	High palate	Ordinary class.
B. H.	12.4	3-1	2	Dull, weak-willed, incorrigible, restless	Borderline	9.6	77	Hearing, right ear. Narrow palate. Malnutrition. Decayed teeth.	Unsuitable for ordinary class. Needs medical care.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
B. V.	14.8	5–1	2	Dull	Feebleminded	9.3	63	Decayed teeth	Unsuitable for ordinary class.
C. G.	8.8	1	1	Dull, lazy, seclusive, pronounced shyness	Feebleminded	5.9	66	Large head; small body	Unsuitable for ordinary class.
C. L.	10.5	3–1	2	Dull, weak-willed, lazy.	Retarded	8.9	84	Enlarged tonsils. Defective hearing	Ordinary class (special attention). Nose and throat examination.
C. J.	10.3	2–1	3	Dull, weak-willed, lazy, untruthful	Borderline	7.6	73	Underdeveloped	Ordinary class (special attention).
C. C.	10.11	5–1	1	Lazy, profane, untruthful, restless	Normal	10.6	95	States defective sight; nervous and restless	Ordinary class. Eyes tested.
C. G.	15.9	6–1	2	Dull, stubborn	Feebleminded	9.8	61	High palate	Unsuitable for ordinary class.
C. A.	10.2	4–1	1	Dull, weak-willed, lazy	Retarded	8.11	81	None	Ordinary class (special attention.
D. H.	10.2	3–1	1	Restless	Borderline	7.9	76	Stammers, restless	Unsuitable for ordinary class.
F. S.	12.4	3–1	2	Dull, weak-willed, lazy	Borderline	9.7	77	None	Unsuitable for ordinary class.
J. M.	10	4	..	Dull, impulsive, untruthful, restless, lazy	Normal	9.6	95	Defective sight chronic blepharitis	Ordinary class. Eyes tested.
L. S.	12.3	5–1	2	Dull, weak-willed, lazy	Borderline	9	73	Overgrown	Unsuitable for ordinary class.
M. E.	12.5	4.1	2	Dull, weak-willed, restless, inattentive	Borderline	9.7	77	None	Unsuitable for ordinary class.
M. F.	11.2	4–1	1	Dull, impulsive	Normal	10.6	90	None	Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
M. W.	8.8	2–1	2	Dull, stubborn, lazy, restless	Feebleminded	6	69	Decayed teeth.	Unsuitable for ordinary class.
M. M.	10.2	1–1	1	Impulsive, plays with younger children, marked restlessness	Feebleminded	6 3	61	Decayed teeth, nervous, inclined to chorea	Unsuitable for ordinary class. Needs medical care.
R. W.	11.6	3–1	1	Dull, restless	Retarded	9.3	80	None	Ordinary class.
R. J.	11.4	4–1	1	Dull, weak-willed	Borderline	8.6	75	None	Unsuitable for ordinary class.
T. L.	8.8	1	1	Impulsive, lazy, stubborn, pugnacious, restless, incorrigible. Must be No. 1 at all times	Retarded, with psychopathic tendencies	7	80	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 7

NATIONALITY OF PARENTS—90 per cent. Jewish—mostly Canadian-born of Russian parentage—a few Polish, Austrian and German, with a sprinkling of Canadian-English, Canadian-Scotch and French-Canadian.

GENERAL HOME CONDITIONS—Fairly well-to-do people, of the merchant and labouring class. Home conditions good.

Enrolment	1459	Pupils examined	49

FINDINGS		GROUPS	
Supernormal	0	Supernormal	0
Normal	7	Normal	7
Retarded	12	Retarded	12
Borderline deficiency	17	Mentally deficient	30 or 2.05%
Feebleminded	8		
Imbecile	5		
Idiot	0		

GROUP TESTS—SCHOOL No. 7—From 5th Grade to 7th Grade, Inclusive

Groups	VII-2	VII-1	VI-2	VI 1	V-2	V-I	Totals	Per-centage	Remarks	
Genius	4	3	8	3	3	5	26	5.9	Supernormal	36.29%
Very superior	5	11	8	10	9	7	50	11.3	Normal	39.5 %
Superior	6	10	25	19	15	9	84	19.09	Retarded	12.9
Normal	25	18	41	38	21	31	174	39.5	Deficient	11.1 %
Retarded	6	6	11	14	11	9	57	12.9		
Borderline	4	1	5	6	5	8	29	6.6	Total subnormal	24.0 %
Feebleminded	0	1	1	3	2	4	11	2.5		
Imbecile	1	2	0	0	0	2	5	1.1		
Idiot	0	0	0	1	1	2	4	.91		
Totals	51	52	99	94	67	77	440	99.8		

Name	Age	Grade	Re-peats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. M.	6–5	1–1	0	Indifferent, shy, dull	Normal	6.2	100	Malnutrition, anaemia, decayed teeth	Needs medical care. Ordinary class.
A. J.	6.6	1–1	0	Indifferent, careless	Retarded	5.6	84	None	Unsuitable for ordinary class.
B. S.	7.3	1–1	2	Lack of control, timid, dull, lazy	Borderline deficiency	5.6	76	None	Unsuitable for ordinary class.
B. D.	13	3–1	3	Studies aloud, dull, restless	Feebleminded	8.3	63	None	Unsuitable for ordinary class.
C. A.	11.2	4–1	4	Dull, lazy, untruthful	Borderline deficiency	8.5	75	None	Unsuitable for ordinary class.
C. L.	6.8	1–1	1	Dull, lazy, stubborn	Retarded	5.6	82	None	Unsuitable for ordinary class.
C. L.	9.5	3–1	2	Stubborn, lazy, restless	Normal	9	96	None	Ordinary class.
C. B.	9	2–1	3	Dull, lazy, pugnacious	Borderline	7.1	79	Decayed teeth	Unsuitable for ordinary class.
C. J.	7.5	1–1	1	Lazy, dull	Borderline	5.9	77	Squint	Unsuitable for ordinary class.
C. E.	11.4	3–1	0	Backward, dull, restless	Borderline	7.85	71	Short sight	Unsuitable for ordinary class.
F. I.	12.5	4–1	2	Dirty, stubborn, restless	Borderline	9.9	79	None	Unsuitable for ordinary class.
D. A.	9.3	3–1	1	Bites other children, bully	Normal (psychopathic tendencies)	9.3	100	None	Ordinary class.
G. M.	14.10	7.2	3	Stupid, dull	Borderline	11.7	79	Tonsils	Unsuitable for ordinary class.
G. R.	15	4–2	3	Deceitful, dull	Imbecile	8.5	56	Very deaf	Unsuitable for ordinary class.
G. B.	10.8	3.2	2	Lazy, restless, dull	Borderline	8.4	78	None	Unsuitable for ordinary class.
G. J.	10.9	3–2	2	Seclusive, weak-willed	Borderline	8.2	76	Defective hearing	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
G. J.	8.1	1-2	1	Indifferent, extremely nervous	Retarded	6.85	84	Malnutrition, nervous	Needs medical care. Unsuitable for ordinary class.
L. M.	6	1-1	0	Weak-willed, shy, dull	Retarded	5	83	Malnutrition, tonsils, adenoids, decayed teeth	Needs medical care. Unsuitable for ordinary class.
L.	6.6	1-2	0	Very nervous, shy	Normal	6.9	101	None	Ordinary class.
R. K.	13	4.2	6	Deceitful, lazy, restless	Imbecile	7.8	60	None	Unsuitable for ordinary class.
G. K.	12	4-1	5	Pugnacious, restless	Feebleminded	8.4	70	Speech defects	Unsuitable for ordinary class.
H. I. M.	8.9	2-1	3	Restless	Retarded	7.8	89	Malnutrition, tonsils, adenoids, decayed teeth	Operation advisable. Ordinary class.
G. M.	7.3	1-1	1	Weak-willed, very nervous	Feebleminded	4.10	65	Defective nasal breathing	Unsuitable for ordinary class.
M.	9.8	4.1	0	Weak-willed, shy	Normal	9.4	97	None	Ordinary class.
B. M. I.	9.3	4-1	2	Restless, lazy	Retarded	9.3	80	Malnutrition, anaemia, tonsils, adenoids	Overworked; attends Hebrew school; should be taken away from H.S. and have rest and medical care. Unsuitable for ordinary class.
M. H.	13.11	4.1	2	Dull	Borderline	9.9	70	None	Unsuitable for ordinary class.
M. R.	9.8	2-1	0	Stubborn, lazy	Feebleminded	6.5	67	Malnutrition, microcephalic, poor eyesight	Unsuitable for ordinary class.
S. G.	5.6	Kindergarten	..	Impulsive, bright	Normal, bright	6	109	Tonsils and adenoids	Operation advisable. Class suitable to mental age.
R. D.	12.11	3.1	4	Deceitful	Imbecile	7.10	60	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
R. P.	8.4	4–1	1	Makes faces, talks to himself	Borderline	10.9	77	None	Unsuitable for ordinary class.
N. F	10.8	3–1	5	Untruthful, lazy	Retarded	9.45	88	Chronic eye inflammation	Needs medical care. Unsuitable for ordinary class.
M. M.	10.4	2–2	3	Weak-willed, restless	Feebleminded	6.65	65	None	Oversensitive disposition—needs special attention. Unsuitable for ordinary class.
S. M.	11.7	4–1	7	Pugnacious, stubborn	Borderline	8.10	70	Chorea	Needs medical care; should not be attending school. Unsuitable for ordinary class.
S. J.	10.9	3–2	1	Seclusive	Feebleminded	7.7	63	None	Unsuitable for ordinary class.
S. B. L.	5.3	Kindergarten	..	Stubborn, seclusive	Borderline	4	76	None	Unsuitable for ordinary class.
S. Z.	10.11	4–2	2	Pugnacious, restless	Retarded	9.4	89	Tonsils, adenoids	Needs medical care. Unsuitable for ordinary class.
F. W.	9.10	4–1	..	Untruthful, restless	Retarded	8.3	84	Tonsils, adenoids, defective speech	Ordinary class. Needs medical care.
M. W.	17	4–1	7	Shy, dull	Imbecile	7.2	45	Anaemia, malnutrition	Unsuitable for ordinary class.
S. W.	6	1–1	0	Stubborn, lazy, shy	Retarded	5.15	86	None	Ordinary class
D. T.	6.4	1–1	0	Lazy, shy, dull	Normal	6.4	100	Decayed teeth	Ordinary class.
A. S.	11.6	3–2	6	Weak-willed, lazy	Feebleminded	8	69	Decayed teeth	Unsuitable for ordinary class.
M.	9	3–1	3	Weak-willed	Retarded	7.65	85	Tonsils, adenoids, malnutrition, decayed teeth, anaemia	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A	‡ I.Q.	Physical Defects	Recommendations
S. B.	9 5	2-2	3	Lazy, dull	Borderline	6 8	72	Tonsils, adenoids, malnutrition, anaemia.	Needs medical care. Unsuitable for ordinary class.
S. S.	13	4-1	5	Weak-willed, lazy	Feebleminded	8 2	63	Acute bronchitis	Should be home in bed; unsuitable for ordinary class.
S. S.	10.6	3-2	2	Pugnacious, stubborn	Borderline	8 3	78	None	Unsuitable for ordinary class.
S. W.	12.10	3-2	3	Weakwilled, lazy	Borderline	8 10	70	None	Unsuitable for ordinary class.
S. G.	16	7-2	2	Inquisitive, sly	Imbecile	8 65	54	Deformed ears, defectivesight, decayed teeth	Never promoted on marks. Unsuitable for ordinary class.
S. H.	10.3	3.1	4	Pugnacious, lazy	Retarded	8 2	80	Defective nasal breathing, decayed teeth; mild form of chorea	Needs medical care. Ordinary class.
T. A.	6 11	1 1	1	Restless, lazy	Borderline	5 4	77	Decayed teeth, tonsils and adenoids	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 8

NATIONALITY OF PARENTS—Principally Canadian-born—a fair number of the children are Canadian-born of parents from the British Isles, with a very small percentage of foreigners (Canadian-Russian, Canadian-Chinese, Italian and West Indian).

Enrolment	654	Pupils examined	49

FINDINGS		GROUPS	
Normal	16	Normal	16
Retarded	17	Retarded	17
Borderline	12	Mentally deficient	16
Feebleminded	3		
Imbecile	1		

Percentage of Mentally Deficient 2.40%

Repeats 24

(These repeats are obtained merely from School No. 8 records—the children may have repeated many times in other schools.

Name	Age	Grade	Re-peats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. K.	12.3	4.1	2	Weak-willed, dull, lazy	Borderline	9.9	79	None	Unsuitable for ordinary class.
A. R.	14	7–1	..	Weak-willed, dull, untruthful, restless	Retarded	12	84	Eyesight	Eyes should be refracted. Ordinary class.
A. G.	9.2	2–A	1	Average ability, impulsive, restless	Normal	9	100	None	Ordinary class.
A. L.	10.8	2–1	..	Dull, plays with younger children, backward, slow	Feebleminded	7 3	68	Malnutrition	Unsuitable for ordinary class. Needs medical care.
B. E.	11.8	5.1	..	Weak-willed, dull	Retarded	10	85	None	Ordinary Class.
B. F.	7.8	1–1	..	Weak-willed, dull	Imbecile	4	52	Speech defect	Unsuitable for ordinary class.
B. E.	10.6	2–1	..	Average ability	Retarded	8 6	81	Defective nasal breathing. Unhealthy tonsils. Decayed teeth.	Unsuitable for ordinary class. Needs medical care.
C. D.	12.7	4–1	..	Weak-willed, dull, restless, lazy	Borderline	9	71	Speech defect	Unsuitable for ordinary class.
D. G.	8.4	3–1	..	Weak-willed, dull, lazy	Normal	8.5	101	None	Ordinary class.
E.	14.4	6–1	..	Weakwilled	Retarded	12 2	84	None	Ordinary Class.
F. V.	15.4	6–1	1	Weak-willed, dull	Normal	14 2	92	None	Ordinary class.
G. E.	15	7–1	1	Dull	Retarded	12	80	None	Ordinary class.
G. B.	14	5–1	3	Dull, impulsive, stubborn	Borderline	10.9	77	None	Unsuitable for ordinary class.
G. E.	8	2–a	1	Dull, lazy	Normal	7.9	96	None	Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
G. B.	12.7	6–1	1	Dull, weak-willed, lazy	Normal	12.3	97	None	Ordinary class.
G. M.	14	5–1	..	Dull, weak-willed, lazy	Borderline	10.4	70	Decayed teeth	Unsuitable for ordinary class.
H. A.	10.1	4–1	..	Dull, untruthful, lazy, restless	Retarded	9	89	Anaemia	Ordinary class.
H. E.	12.10	7–1	..	Dull, weak-willed, restless, lazy	Normal	12.8	98	None	Ordinary class.
H. H.	14.4	6–1	1	Dull, weak-willed, lazy	Retarded	12.8	88	None	Ordinary class.
H. D.	13.3	4–1	2	Weak-willed, dull	Borderline	9.8	72	None	Unsuitable for ordinary class.
H. L.	12.7	6–1	..	Dull, weak-willed	Retarded	11	87	Anaemia	Ordinary class. Needs medical care.
H. A.	12	5	..	Impulsive, shy, seclusive	Normal	12.4	100	None	Ordinary class.
K. E.	14	5–1	..	Dull, lazy	Borderline	10–4	73	None	Unsuitable for ordinary class.
K. H.	11	2–1	..	Average ability, pugnacious, lazy, thief	Retarded; no apparent psychopathic tendencies	9.4	84	None	Ordinary class
K. G.	10.11	2–a	..	Average ability	Retarded	9.7	87	Anaemia, defective tonsils	Unsuitable for ordinary class. Needs medical care.
K. F.	9.4	2–1	..	.....	Retarded	8.3	88	None	Ordinary class.
K. V.	9.3	2–1	..	Dull at times, seclusive, stubborn	Retarded	8	86	None	Ordinary class, with special attention.
L. C.	13.1	5.1	..	Dull, lazy	Borderline	10	76	None	Unsuitable for ordinary class.
L. B.	12.1	6.1	..	Weak-willed, dull, lazy	Normal	11.3	93	Defective eyesight (probable)	Ordinary class. Eyes tested.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
L. N.	8.1	1–1	1	Weak-willed, dull	Feebleminded	5	61	Defective nasal breathing, decayed teeth	Unsuitable for ordinary class. Needs medical care.
M. C.	13.5	4–1	1	Stubborn, lazy, average ability	Borderline	10.6	78	None	Unsuitable for ordinary class.
M. M.	10.11	2–a	1	Dull	Feebleminded	7.6	68	Malnutrition, anaemia	Unsuitable for ordinary class. Needs medical care.
N. W.	13.2	6–1	1	Dull, weak-willed, lazy	Normal	13	98	None	Ordinary class.
N. B.	14	6–1	..	Stubborn, lazy, average ability	Borderline	10.6	75	Heart condition	Unsuitable for ordinary class. Needs medical care.
O. D.	12	3	..	Weak-willed	Retarded	9.8	80	None	Unsuitable for ordinary class.
P. D.	9.3	3	..	Weak-willed, dull, lazy	Normal	8.6	91	Unhealthy tonsils	Ordinary class. Needs medical care.
P. C.	13	7–1	..	Dull, weak-willed, stubborn, pugnacious	Retarded	11	84	None	Ordinary class.
P. R.	14.7	7–1	..	Dull, weak-willed, lazy, restless	Normal	13.4	91	None	Ordinary class.
P. U.	14.9	6–1	2	Dull, pugnacious, lazy	Borderline	11.5	77	None	Unsuitable for ordinary class.
R. A.	9	5	..	Untruthful, lazy, weak-willed, thief	Normal; no evident psychopathic tendencies	9	100	None	Ordinary class.
S. R.	10.3	4–1	1	Dull, weak-willed, lazy	Normal	9.9	95	None	Ordinary class.
S. A.	11	1–1	..	Average ability	Normal	10.1	91	None	Ordinary class.
T. H.	11.11	3–1	1	Dull, weak-willed, lazy	Borderline	9	75	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Re-peats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
V. J.	6	1–1	..	Dull, weak-willed, lazy, untruthful, restless	Normal	6	100	None	Ordinary class.
W. G.	13.6	6–1	2	Dull, weak-willed, lazy, slow	Retarded	12	88	None	Ordinary class.
W. W.	11.11	4–1	1	Weak-willed, lazy	Normal	11.6	96	Decayed teeth	Ordinary class.
W. O.	12.1	5–1	..	Dull, lazy	Retarded	9.8	80	None	Unsuitable for ordinary class.
W. D.	10.11	4–1	..	Weak-willed, dull	Borderline	8	73	None	Unsuitable for ordinary class.
W. G.	11.5	4–1	..	Dull, stubborn, lazy, restless	Retarded	10	87	None	Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

ANYALYSIS OF RESULTS

Schools	Enrolment	Number of Pupils Examined	Supernormals	Normals with Conduct Disorder	Normals with Physical Defects	Retarded	Retarded with Conduct Disorder	Retarded with Physical Defects	Borderline	Feebleminded	Imbeciles	Idiots	Mental Defectives with Physical Defects	Mental Defectives with Conduct Disorder	Requiring Medical or Dental Care	Ordinary Class but Needing Special Supervision	Should be in Institution	Spernormals with Physical Defects	Supernormals with Conduct Disorder	Unsuitable for Ordinary Class	Percentage of Mentally Deficient	Total Number of Mentally Deficient
1	1600	84	1	9	5	20	6	9	23	17	7	2	32	36	46	12	3	0	0	53	3.06	49
2	927	31	3	1	1	8	7	8	14	3	0	2	15	13	24	5	2	0	3	20	2.04	19
3	210	24	1	5	2	6	6	2	9	0	1	1	6	10	10	8	1	0	1	13	5.27	11
4	487	50	2	7	3	18	15	10	17	4	1	0	7	x8	14	17	0	0	0	29	4.51	22
5	857	39	2	2	3	10	7	6	9	4	5	2	13	16	23	13	2	0	1	19	2.33	20
6	770	29	0	6	3	4	4	1	10	9	0	0	10	16	12	8	0	0	0	18	2.46	19
7	654	49	0	5	0	17	13	5	12	3	1	0	7	16	15	28	0	0	0	18	2.40	16
8	1459	49	0	7	3	12	11	8	17	8	5	0	16	28	28	9	0	0	0	38	2.05	30

x All normals examined were referred on account of conduct disorder.

x No conduct reports in six cases. x This table does not include the results of the Otis Tests.

VIII—SOME OBSERVATIONS

1. Conduct disorder is an outstanding feature amongst children examined, restlessness being most frequently mentioned.

II. Teachers' time is wasted in trying to control restless pupils, and class efficiency is thus lowered.

III. Restlessness, inattention, and other allied conduct disorders are characteristic of mentally deficient children.

IV. The necessity for special schools or special classes is evident from the following facts:—

a. The number of mentally deficient children, and the necessity, on moral and educational grounds, of segregating them.

b. The probability of aiding many of the retarded and backward children by the removal of physical defects and other disabilities as far as possible.

c. The fact that the supernormal child does not receive the attention which he deserves, and is underestimated by his teacher.

d. The fact that mental deficiency is incurable, but by proper training and supervision many of the mentally deficient may be made an asset to the community instead of a liability—Detroit statistics show that 50 per cent. of children receiving special training make good in life.

V. Education should be framed according to the capacity of the pupil, with special regard to supernormal and feeble-minded.

VI. Attention is drawn to the large number of children requiring medical and dental care.

VII. The financial waste in teaching over and over again the same child, with little or no benefit to him, is worthy of serious attention.

VIII. The Group Tests appear to be fairly well correlated to the Binet Tests for practical purposes and are useful for making a rapid survey of a school. All teachers should be trained in their use, as they are very simple and require no extensive knowledge of psychology.

IX. Summary of Examination of Children, with I.Q. of 90 or over, referred for Misconduct or Dullness.

Total number examined—63.

In all but two instances in which the teacher omitted to state why child was sent up for examination the pupils were described as lazy and weakwilled, or dull and stubborn, or dull and restless, or nervous and emotional, or pugnacious.

In 21 cases, either decayed teeth, or malnutrition, or enlarged tonsils and adenoids, or defective sight were found—conditions requiring medical or dental care.

In some of these instances the pupils' dullness, restlessness and nervousness might be justly attributed to physical condition such as

enlarged tonsils, malnutrition, anaemia, defective sight and hearing, and presumably would be improved by requisite treatment.

In the majority of the pupils, however, their ill-success in adapting themselves to school life must be attributed to causes lying somewhat beyond the scope of the survey—a thorough study of home and family conditions, of heredity and environment being necessary. Many a child has been poorly trained in the first six years of life, the time in which the foundation of character is laid.

X. The number of supernormal children is quite considerable and they deserve more and better training than they receive at present.

XI. Subnormal and supernormal together outnumber the normal, yet school studies are set for the average child.

IX—RECOMMENDATIONS

1. The establishment of a Model School in Montreal, at which all children who require special instruction or attention should attend—the supernormal as well as the subnormal, but, of course, in different classes. Such a school would be an invaluable means of carrying out some important educational experiments, thus giving us a more accurate knowledge of different types of children.

2. Establishment of a system by means of which all pupils who attend this school can be given vocational advice, both during attendancy at the school and afterwards.

3. Provision for the training of special teachers. At present it is necessary for Canada to go elsewhere when in need of such teachers.

4. Appointment of a psychiatrist and a psychologist in connection with the school system, for the purpose of giving advice with regard to special types of children.

5. The chief form of instruction in the case of the subnormal children should be domestic, industrial and manual.

6. Supernormal children should not be encouraged to complete their grades in a shorter time than others, but a special curriculum should be arranged for them.

7. The number of subnormal children in any one class should not exceed fifteen.

THE APPLICATION OF THE BINET-SIMON TESTS (STANFORD REVISION) TO A TORONTO PUBLIC SCHOOL

BY E. J. PRATT, PH.D., TORONTO

FOR the past three or four years the Public Medical Inspection of the Primary Schools of Toronto have recognized the problem of mental defect by incorporating Psychiatry in its programme of Survey. Throughout that time a considerable number of schools with an enrolment of approximately 60,000 children came under investigation, and of this number over a thousand children were found to be so mentally defective as to be absolutely incapable of making any progress in the class room. These comprised between one and a half and two per cent of the total enrolment,—a figure which, there is every reason to believe, holds good of the total school population of the city. In addition to this there was found a group who could not strictly be termed "mental defectives" yet whose retardation was so pronounced that they were not only unable to keep up with the normal advance of the pupils in their own classes but were a positive handicap to the teachers who had, as a rule, to give them more than a proportionate share of time and attention. These also were classified, and it was pointed out from time to time, in reports and addresses based upon the facts disclosed, that provision should at once be made for the adequate training and supervision of both classes concerned. The results of the investigation formed part of the evidence presented to the Commission under Mr. Justice Hodgins, and in compiling his Report the Commissioner placed emphasis upon the careful sifting out, by Psychiatric methods, of the mentally abnormal in the public schools.

As is well known, the complexity of the problem demands that there shall be no arbitrary limitations imposed upon the mode of investigation. A given case of defect must be studied from all relevant standpoints. Importance must be attached to the behaviour of the child on the playground, whether it is characterised by moody isolation from his fellows, by participation in sport, or by explosive and irresponsible conduct. The degree of his apathy or responsiveness in the class-room, the estimate placed upon his capacity by the teacher, the presence of certain emotional peculiarities as sullenness, obstinacy, resentment of reproof or a general negative attitude,—all these must be viewed in the light of the records

of personal and family history. There remains then the factor which, with a somewhat narrow meaning, has been usually described as psychological, namely, the intelligence of the child as determined by norms constructed out of the mental performances of other children of approximately the same physical age. This factor, insufficient by itself, may yet as a result of a standardized procedure be regarded as one of the most valuable single contributions to the diagnosis.

With these facts in mind, the Canadian National Committee for Mental Hygiene undertook, in co-operation with the Board of Health and the Board of Education, to make a survey of one moderate-sized school in the city where every child in attendance might be given an exhaustive examination in the Binet-Simon Tests. Inspection of some of Toronto schools up to this time had shown that intelligence varied decidedly with the social status. In those schools, however, only limited numbers were personally examined, that is, only those children who were known to be considerably backward in their classes. Neither the children who were doing average work, nor those who were especially bright were put through the routine tests; hence no conclusion which might be represented in ratios and graphs could be formed as to the mentality of the children as a whole. Still, a comparative study of results in the lower grades indicated that the stock from which the children sprang could not be neglected in estimating the significance of mental variation.

In this school under survey 502 children were examined, from the Junior First to Senior Fourth,—the kindergarten excepted—and much supplementary information casting light upon special cases was gathered as a result of the intelligent co-operation of an excellent principal and a competent staff.

The Complete object of the Survey may now be stated:

I. To estimate the mentality of the school as expressed by the Intelligence-Quotient of the individual children.

II. To discover, by systematic groupings of the quotients, any correlations between mentality, social status, sex nutrition and other factors supposedly related.

III. To amass and systematise data which might later furnish ground for a thorough and consecutive programme of investigation into the efficiency of the children when they enter industrial life.

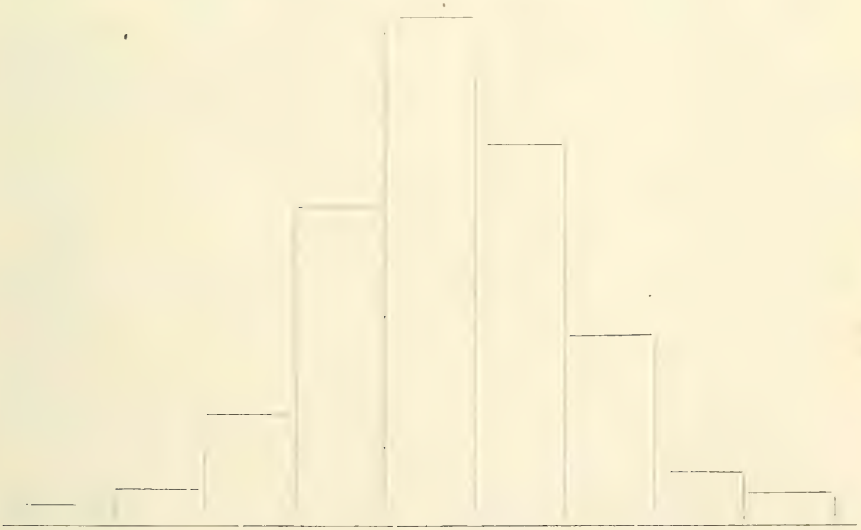
THE MENTALITY OF THE SCHOOL

Before proceeding with the main examination, the attempt was made to get a more definite idea as to the social character of the district in which the school was situated. The A. D. P. card of each child stating

the occupation of the father was secured, and a list compiled. If the father was dead, the occupation of the mother, or at least some brief description of her mode of living was asked for. Over thirty occupations were listed and these again classified into three main groups, not without difficulty on account of the vagueness of some descriptions of employment, but still accurately enough for broad divisions. The first class, mainly of day labourers, comprised 45% of the total; the second, artisans, employers, etc., made up 52%, while the professional class was represented by only 3%. The general impression formed was that the social environment was a little below the average. Comparisons in detail will be given later.

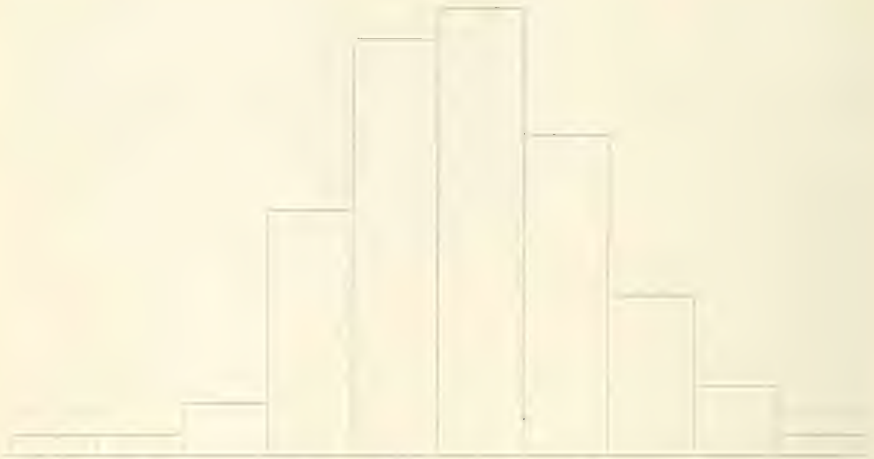
The mental examination was based on the Stanford Revision of the Binet-Simon tests. The chronological age of each child was reduced to months, and the Intelligence-Quotient obtained by the simple method of dividing the mental age, also expressed in months, by the former. This procedure was adhered to throughout. The quotients were afterwards taken and distributed. Table I, modelled upon the Stanford graph for the sake of comparison with a standardized result, shows the quotients distributed in ranges of ten with the middle group from 96 to 105.

THE STANFORD DISTRIBUTION



56-65	66-75	76-85	86-95	96-105	106-115	116-125	126-135	136-145
.33%	2.3%	8.6%	20.1%	33.9%	23.1%	9.0%	2.3%	.55%

TABLE I



46-55	56-65	66-75	76-85	86-95	96-105	106-115	116-125	136-148	165-175
.2%	.2%	1.4%	13.9%	26.7%	28.3%	19.7%	7.0%	.6%	.2%

Some interesting resemblances as well as differences may be seen in the comparison of this Table with the Stanford findings. The Stanford graph makes 77.1% of the children fall within the range of quotients from 86 to 115 and approximately 60% between 90 and 100. The present graph puts 74.7% between 86 and 115, a difference of only 2.4%. These results when grouped in ranges of twenty yield 55% between 90 and 110, making a difference of about 4% from those of Stanford.

So far as these zones are concerned, the resemblance is fairly close. The principal point of difference lies in the distribution of the quotients around the median which in the Stanford table is highly symmetrical. This symmetry is the natural result of an examination of a school in "a community of average social status, a school attended by all or practically all the children in the district where it was located."[1] If, however, the environment were below average one would naturally expect—provided there is a correlation between social status and intelligence—that more children would fall below the median line than above it, which is precisely the result found in the survey. For instance, we have 26.7% falling in the range from 86 to 95 as against 19.7% in the corresponding upper range; and 13.9% from 76 to 85 as against 7 from 116 to 125. That is to say, there is a greater proportion of retarded children within these limits than advanced children within the corresponding limits on the upper side of the median thus lowering the mentality of the school as a whole. The explanation of this fact must be sought in a study of the environmental findings stated at length in Section II,.

[1] Terman, "The Measurement of Intelligence," p. 52.

II. CORRELATION OF MENTALITY

(a) With Social Status.

The plan followed here was to distribute the quotients in ranges of five, below 90 and above 110 which represents the average zone; take the three above-mentioned social classes, and discover which class contributed most to mental defect and retardation, and which contributed the highest percentage of bright and advanced pupils. In this table, A stands for the professional class; B for the artisan group; and C for the unskilled laborers. Knowing the percentages of these classes in the school and their actual contribution to the different Intelligence-Quotients, simple subtraction would show how much above or below their normal share they are contributing. For example, the third line in Table II would read: The unskilled laborer-class C furnish 67% of the intelligence-quotients below 75, although they represent 45% of the total enrolment of the school. In other words, they contribute 22% (67-45-22) more than their proportionate share.

TABLE II

I.Q.	Class	Percent of I.Q.'s Contributed	Percent of Class found in School	Amount above proportionate percentage	Amount below proportionate percentage
75 and below...	A	0	3	..	3
	B	33	52	..	19
	C	67	45	22	..
76-80.....	A	0	3	..	3
	B	44	52	..	8
	C	56	45	11	..
81-85.....	A	2.6	3	..	4
	B	62	52	10	..
	C	35.4	45	..	9.5
86-90.....	A	0	3	..	3
	B	46	52	..	6
	C	54	45	9	..
111-115.....	A	0	3	..	3
	B	64	52	12	..
	C	36	45	..	9
116-120.....	A	0	3	..	3
	B	65	52	13	..
	C	35	45	..	10
121-125.....	A	15	3	12	..
	B	61	52	9	..
	C	24	45	..	21
126 and over...	A	29	3	26	..
	B	50	52	..	2
	C	21	45	..	24

A—Professional. B—Artisan. C—Unskilled.

The figures here are quite significant. The professional class furnish no mental defect at all and no retardation below 80; nothing between 86 and 90 and only 2.6 between 81 and 85 which makes an almost negligible quantity over the whole range. On the other hand they furnish 15%—five times their proportionate share—of those between 121 and 125, and 29%—nearly ten times their share—of the brilliant quotients over 125.

Class B furnish less than their share of defect and retardation in every group with the exception of 81-85, and in the upper grades they furnish more than their share, excepting the final group where their contribution is approximately normal.

Class C furnish 50% more than their share to mental defect (that is, 22 of 45 is slightly more than one-half), and more to the other subnormal groups with the exception of the 81-85 class; and in the upper grades their contribution is always less than their share, the difference amounting to one hundred per cent in the last two classes combined.

The results, as far as they go, indicate the effect of social status upon intelligence; whether the grounds are hereditary or environmental, or to some extent both, is another problem needing more data for discussion.

(b) With Sex.

TABLE 3

	Girls		Boys	
	No.	Percent	No.	Percent
46— 55	1	.4	0	0
56— 65	1	.4	0	0
66— 75	4	1.6	3	1.2
76— 85	36	14.0	34	13.8
86— 95	70	27.2	64	26.1
96—105	78	30.4	65	26.5
106—115	44	17.1	55	22.6
116—125	18	7.0	17	7.0
126—134	4	1.5	4	1.6
136—145	1	.4	2	.8
146—170	0	.0	1	.4
	257	100.0	245	100 0

Dividing the quotients in ranges of ten up to 145 and stating opposite the percentages, it may be seen that there is an almost uniform superiority in favor of the boys. The amount, however, is so slight—not more than .2% in any of the important groups—that any general deduction based on sex differences would be unwarranted.

(c) With Malnutrition.

The estimates in this comparison were based upon the chart for average height and weight measurements issued by the Department of Public Health, Toronto (Division of Child Hygiene), and used at the Nutrition Clinic of the Hospital for Sick Children. This chart was compiled, for the earlier years, from records made by Dr. L. E. Holt.[1] The school age figures were taken from the investigations of Boas, Burk, Bowditch, Porter, Emerson, Manny and others who undertook to mass the returns from the largest cities of the United States, in addition to "results made by the Metropolitan Life Insurance Company in their study of candidates for marking papers, and those of Greenwood which includes 350,000 measurements of English school children."[2]

Very little investigation has been carried out with respect to the relation between malnutrition and the distribution of intelligence. One important survey, however, was written up by Smiley Blanton, M.D. of the U.S. army on "Mental and Nervous Changes in the Children of the Volksschulen of Thier, Germany, caused by Malnutrition" (MENTAL HYGIENE, 1919). Over six thousand children between five and a half and fourteen years of age were examined. It was found that forty per cent of the children suffered "from malnutrition to such a degree as to cause a loss of nervous energy." But not more "than five per cent of the total school population had suffered injury to the nervous system such as to affect the intelligence permanently." This reduced percentage did not include children of superior stock and intelligence. Such children withstood the strain successfully. "Their school work dropped off because they did not have the nervous energy to keep going all during the day. But the mental abilities of these same children in the morning while they were fresh was apparently as good as ever." It was upon the lower levels that malnutrition had its greatest effect. "The feeble-minded, the border-line defectives and those classed as dull were affected and often permanently so by malnutrition of even a moderate severity. The feeble-minded drop to lower levels of intelligence. The border-line defectives became like the definitely feeble-minded, and the normally dull children became like border-line defectives."

Valuable as these conclusions are, nevertheless the question as to the connection between malnutrition and feeble-mindedness remains somewhat obscure. As a medical and biological problem it lies outside the scope of this report. It is, however, fairly well conceded that, although under-nourishment might and does account for some retardation in the

[1] "Diseases of Infancy and Childhood" (1917), p. 20.

[2] William R. P. Emerson, M.D., and Frank A. Manny, "Weight and Height in Relation to Malnutrition." Archives of Pediatrics, August, 1920.

B. T. Baldwin, "Physical Growth and School Progress." U.S.A. Bureau of Education, 1914.

intellectual alertness of a child, yet the bearing of malnutrition upon definite mental defect does not necessarily stand as a relation of cause and effect. The former factor may be a concomitant to be explained absolutely on other grounds.

The findings in this present Survey given in Table IV do indeed show than 75% of the children with an I.Q. of less that 70 were malnourished (that is, with ten percent or more of underweight), yet the small number of individuals in such a class is too limited a result upon which to generalize.

A glance at the other ranges will indicate that malnutrition is somewhat more prevalent amongst children with the lower intelligence level. That it is not constant may be seen by the fact that the children between 81 and 90 I.Q. show less of it than those between 101 and 110, while those between 91 and 100 do not differ from the higher ranges. The general impression formed by massing the results was that the real causes of defect, retardation, and acceleration must be sought elsewhere. The average Intelligence-Quotient for all those children of the school who were normal in weight, together with those who were over-weight, was 101, while for those who were under-nourished it was 98,—a comparatively negligible difference.

TABLE IV

Intelligence Quotient	Percentage Under-nourished
70 and below	75
71 — 80	31
81 — 90	25.5
91 —100	23.4
101—110	27.5
111—120	23.3
121 and over	23.8

As soon as the psychological examination was completed, an additional survey from the psychiatric standpoint was made by Dr. C. K. Clarke, Medical Director of the Canadian National Committee for Mental Hygiene. Two groups of children received special attention, those who were low in the intelligence scale, and those whose quotients ran over 125. An inspection of the nine cases below 75 I.Q. will show how closely connected are low grades of intelligence with physical stigmata and volitional aberrations.

THE GROUP BELOW 75 I.Q.

A. D. Age 7 years, 6 months. I.Q. 53, in Junior First. Teacher says "she does not learn anything though she comes regularly to school." Very defective palate; strabismus in left eye; stolid, expressionless face; participation in school exercises mechanical and imitative.

C. S. · Age 14 years, 10 months. I.Q. 60, in Junior Third. "Does things by fits and starts." Defective palate; no advance in class though school attendance is good. Wretched home conditions.

B. S. Age 14 years, 11 months. I.Q. 70, in Junior Third. Tall; anaemic; cyanosis; was for some time in open air school; mother tubercular; depressing home life; school attendance good.

F. A. Age 11 years, 11 months. I.Q. 70, in Senior Third. Anaemic; nasal trouble; poor vision; inert; weak-willed; depressing home life. School attendance good.

H. A. Age 15 years, 2 months. I.Q. 70, in Senior Third. Glandular trouble.

D. H. Age 10 years, 1 month. I.Q. 74, in Senior Second. Anaemic; defective speech and vision; inert; weak-willed; good school attendance.

E. H. Age 14 years, 2 months. I.Q. 74, in Junior Third. Defective palate; heavy, lethargic face; lazy.

S. A. Age 8 years, 6 months. I.Q. 73, in Senior First. Defective palate; right eye blind; backward developmental history; baby ways; stubborn; home conditions fair.

An interesting family group are illustrated in the following four cases—three brothers and one sister.

B. L. Age 8 years, 1 month. I.Q. 78, in Junior First. Very narrow forehead; silly grin; baby ways; defective speech; home conditions somewhat below average.

F. L. Age 11 years. I.Q. 77, in Junior Second. Same type of forehead as B. L. Silly grin; defective palate; puts fingers in mouth with head tilted childishly to one side while answering questions; very slow.

T. L. Age 12 years, 9 months. I.Q. 85, in Junior Third. Dull.

S. L. Age 9 years, 4 months. I.Q. 89, in Junior Second; lethargic face; speaks in drawl.

On the other hand it would be interesting to compare this list with the second group examined.

The Group Above 125 I.Q.

P. A. Age 6 years, 5 months. I.Q. 143, in Senior First. Exceptionally bright; fine imagination; brilliant in all class subjects; affectionate, trustworthy; healthy; a very fine type of boy; good home.

W. A. Age 8 years, 10 months. I.Q. 138, in Senior Third. Bright, healthy boy doing excellent class work; fond of outdoor games.

W. B. Age 6 years, 9 months. I.Q. 137, in Junior First. Defective palate; "a bit restless"; good school attendance.

S. H. Age 12 years, 6 months. I.Q. 133; in Senior Fourth; alert; good attendance; good reasoning ability; reliable; healthy.

T. A. Age 11 years, 5 months. I.Q. 134, in Junior Fourth. Very intelligent; good attendance; well behaved.

C. H. Age 7 years, 5 months. I.Q. 130, in Junior Second. Defective palate; cyanosis; impulsive; good home conditions.

S. B. Age 8 years. I.Q. 128, in Junior Second; defective palate.

D. K. Age 7 years, 8 months. I.Q. 128, in Senior Fourth. Alert; industrious; good habits.

All of the children in this class were forging ahead in their work without undue strain and were, with a very few exceptions, healthy and vigorous and very much alert on the playground. Anyone could see that leadership in industrial and professional life lay strongly embedded in such promising types.

A Special Case

P. H. A case of extraordinary precocity. This boy was only 7 years, 5 months old, but had the surprising vocabulary of over 8,000 words, equal to the average accomplishment of a boy of 13 years of age. A few of his definitions may be given:

Civil—polite
Sportive—fond of play
Skill—you can do things well if you have skill
Dungeon—a cellar in the King's palace where they put Irishmen
Peculiarity—when anything is odd.

The 12th year group of tests were all passed with the exception of the reversing of the digits. The abstract terms were made clear not only by definition but by illustration. "Taking a man to court and sentencing him without a trial would be unjust." The ball and field test resulted in a fine spiral drawn from the gate. The dissected sentences were put in order almost as soon as they were seen, and each one of the five questions calling for similarities was satisfactorily answered.

In the 14th year group, two of the six questions were answered:—"The doctor came to the neighbor's home to try to make him well, the lawyer came to draw up his will which looked like the man was going to die, and the minister came to pray and have service." The third part was answered incorrectly for an instant:—"The man was riding astride a waggon." This was immediately changed to the correct reply,—"a bicycle."

It was probably in the fable tests where his responses were most brilliant. Every answer showed not only a facility in seeing the point of the story, but a capacity for generalization far beyond his years. He received an actual score of ten—the maximum credit—when eight would

have been sufficient for a pass, in this 15th year test. This was indeed the only test he passed in the average adult group, but by the time the examination was over he had actually climbed up to an Intelligence-Quotient of 175,—a score without a parallel in any of the schools examined up to date. The boy comes from a fine home, is well-mannered, affectionate and is on good terms with his playmates. He possesses, however, poor vision and other physical defects. Such a remarkable case of precocity stands in just as much need of special observation and care as one which shows a proportionate difference below the median line of Intelligence.

Aim of Survey

The final aim of the Survey was, as already stated, to obtain a body of results which might be useful in following up history over a period of years.

As Standardisation in the field of mental tests is a comparatively recent development in Psychology, there has not been much opportunity to study side by side, in statistical form, the industrial records of adults with the mental co-efficients of the same persons as children attending the public schools. A comparative inquiry into such results would be a factor, not only in increasing the efficiency of school methods but also in determining to some extent the selection of trades and professions, and would affect, reciprocally, the tests themselves.

This, obviously, would be a much more extended objective, but a vital one, if Intelligence-scales are to be placed on a wide practical basis and to be accorded a valuable social function.

JUNIOR I

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Bickle, Howard	84	Eng...	Can...	102		
Thompson, Allan	72	Scot...	Can...	100	Abattoir	
Paupst, Earl	80	Can...	Can...	85	Laborer	
Leslie, Herbert	76	Can...	Can...	98	Janitor	
Hodgson, Arthur	79	Can...	Can...	89	Contractor	
Baird, Earl	80	Can...	Can...	100	Munitions	
Sherwin, Stanley	80	Can...	Can...	90	Clerk	Palate.
Eaton, Jack	79	Can...	Can...	94		
Jarvais, Fred	94	Can...	Can...	94	Baggageman	Defective speech and ears.
Locke, Leonard	75	Eng...	Can...	100		
Andrews, Willie	74	Can...	Can...	108	Carter	Palate.
Frost, Fred	82	Can...	Can...	88	Machinist	
Hanzakos, Menelys	80	Grk...	Grk...	100	Candy seller	
Hoile, Robert	77	Ind...	Can...	99		Palate.
McLelland, Oswald	78			98		Palate.
Nash, Joseph	81	Can...	Can...	109	Com. Traveller	
Brown, Roy	79			94		
Golding, Clayton	83	Can...	Can...	104	Storekeeper	
Davis, Herbert	82	Eng...	Can...	98		Palate.
Sinclair, Fred	78			95		
Wilby, Ernest	83	Eng...	Can...	92	Butcher	Palate.
McMaun, Wilson	86			90		Palate.
Finnimore, Albert	85	Eng...	Eng...	90		Palate.
Thompson, Arthur	80	Can...	Can...	96	Traffic Man.	Ears, nose.
Bromley, Arthur	95	Eng...	Can...	89	Machinist	Palate, ears.
Clay, Joe	106	Can...	Can...	80		
Whitehead, Isabel	77	Eng...	Can...	122	Tailor	
Mason, Ruby	81	Eng...	Can...	101	Agent	
Wright, Mildred	76	Eng...	Can...	110	Agent	
Williamson, Edith	79	Eng...	Can...	106	Bricklayer	Palate; anaemic.
Mills, Marion	84	Eng...	Can...	101		Palate; anaemic.
Blackstock, Laura	84	Can...	Can...	100	Mechanic	
Wakely, Fanny	81	Eng...	Can...	137	Butcher	Palate.
Manson, Velma	79	Scot...	Can...	106	Traveller	
Gillespie, Dorothy	74	Can...	Can...	97	Laborer	Palate.
McMaster, Jean	75	U.S...	Can...	99	C.P.R. man	
Irvine, Grace	79			84		
Lee, Clara	84			81		
Beard, Muriel	79	Eng...	Can...	84	Merchant	Palate.
Morton, Jennie	90	Eng...	Can...	53	Soldier	Palate, strabismus, stolid face.
Oakley, Lou	79	Can...	Can...	108		
Madden, Jack	83			112		
Davidson, Lyall	87	Can...	Can...	96	Traffic conductor	
Cocklin, Ernest	95	Scot...	Can...	83		
Henderson, Fred	83	Scot...	Can...	94	Knife grinder	
Spicer, Audrey	79			106		
Smith, Fay	99			97		
McNair, Margaret	88	Irish...	Can...	91	Piano polisher	
Sougstaff, Mildred	97	Can...	Can...	76		
Swan, Norma	90	Can...	Can...	93		
Kirby, Doris	92	Eng...	Can...	94	Painter	
Reid, Aileen	88	Can...	Can...	82	Farmer	

JUNIOR I—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Walker, Marjorie	81	Can...	Can...	96	Engineer	
Glazier, Sadie	93	Can...	Can...	80	Laborer	
Glazier, Cassie	75	Can...	Can...	90	Scavenger	
Smith, Helen	75	Can...	Can...	100	Machinist	
Morris, Charlie	75	Can...	Can...	98	Housekeeper	
King, Isabel	85	Scot..	Can...	101	Baker	
Hugonnet, Gladys	77			106		
McLellan, Harvey	115			80		
Heaps, Ruth	90	Eng...	Can...	102	Decorator	
Hobson, Kathleen	85	Irish..	Can...	117		
Miller, Mary	106	Eng...	Eng...	80	Butcher	
Graham, Evelyn	78	Can...	Can...	118	Agent	
Anderson, Gladys	85	U.S...	Can...	100	Machinist	
McKechney, Jean	100	Can...	Can...	108	Grocer	
Rome, Allan	112	Can...	Can...	90	Grocer	
Amodes, Tony	115			100		
Duffy, Horatio	91	Can...	Can...	101	Carpenter	
Manson, Ed	92	Scot..	Can...	106	Traveller	
Fishbourne, Velma	86	Eng...	Can...	111	Trainman	
Douneely, Dorothy	88	Can...	Can...	123	Laborer	
Ritchie, Pearl	93	Can...	Can...	96	Barber	
Penny, Gordon	103	Can...	Can...	93	G.T.R.	
Morris, Benny	107	Eng...	Can...	99		
Price, Mona	89	Can...	Can...	138	Piano polisher..	Enlarged thyroid.
Croney, Lillian	84	Can...	Can...	112	Carpenter	
Criggal, Allan	87	Can...	Can...	101	Stenographer...	Ears.
Hall, Lora	86	U.S...	U.S...	98	Abattoir	
Mahoney, Jean	87	Can...	Can...	99	Salesman	
Aiken, Ida	87	Can...	Can...	85	Laborer	
Modeo, Samuel	91	Ital...	Can...	90		Ears.
Wellwood, Bennie	97	Can...	Can...	78	Laborer	Defective head; silly ways.
Seaborn, Herbert	97	Eng...	Can...	76	Car Inspector..	Palate, silly grin.
May, Gordon	85	Can...	Can...	87	Storekeeper	
Robertson, Dorothy	84	Can...	Can...	90	Traveller	Palate, forehead.
Barry, Mabel	84	Can...	Can...	99	Constable	Palate.
Armstrong, Olive	84	Can...	Can...	83	Clerk	Palate.
Childs, Lavina	84	Eng...	Can...	114	Mechanic	
Ballantyne, Will	89	Scot..	Can...	93	Messenger	
Sanford, Leslie	87	Can...	Can...	97	Homekeeper	
Chalmers, Alex	91	Scot..	Can...	84	Homekeeper	
Seaborn, Harold	75	Scot..	Can...	96	Car inspector..	Palate.
Doust, Vera	81	Can...	Can...	105	Yardman	

SENIOR I

Morris, Edward	100	Eng...	Can...	98	Homekeeper	
Buckler, Blanche	125			77		
Adams, Norma	97	Can...	Can...	99		Palate, glands.
Abbot, Albert	131			87		Palate.
Armstrong, Elsie	102	Can...	Can...	73	Clerk	Palate; right eye blind; tonsils; silly ways.

SENIOR I—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Broome, Norma	115	Can...	Can..	90	Laborer	Twitching of face.
Barnes, Clarence	110	Eng...	Can...	82	Laborer.	
Bunch, Agnes	96	Spain	Can ..	96	Elevator man	
Brooks, Earl	99	Can...	Can...	100	Laborer	
Douglas, Lillian	88			107		Palate.
Robertson, Emily	100	Scot..	Can...	90	Engineer	Speech.
Butter, George	108	Eng...	Can ..	87	Plumber	Palate, ears.
Fisher, Alvin	85	Can...	Can...	122	Pattern maker	
Patterson, Harry	86	Can...	Can...	105	Painter	Palate.
McVeigh, Wm	105	Irish..	Can...	93	Machinist	
Wood, Bobbie	92	Can ..	Can .	91	Merchant	
Wood, Billie	92	Can ..	Can ..	109	Merchant	
Wedgwood, Adell	93	Can ..	Can .	99	Engineer	
Cocklin, May	110	Scot ..	Can .	80	Homekeeper	Palate; lifeless.
Sleep, Irene	100	Can...	Can..	93	Caretaker	
Mitchell, May	96	Scot..	Can...	125	Manager	
Jenkins, Ruth	88	Can...	Can ..	125	Foundry Man.	
Medland, George	77	Eng...	Can ..	143	Shipbuilder	
Kreh, Dorothy	95	Can ..	Can...	118	Shipper	Glands; anaemic.
Wood, Muriel	105	Eng...	Can ..	107	Clerk	
Phillipps, Dorothy	86	Can...	Can ..	114	Foreman	
Stephenson, Harold	91	Can ..	Can...	119	Steamfitter	
Geddes, Borden	94	Can ..	Can...	109	Cooper	Palate.
Miller, Billy	89	Can ..	Can ..	110	Traveller	Speech, palate.
Hutchinson, Albert	91	Eng ..	Can...	115	Janitor	Palate; ears.
Fountain, Douglas	98	Can...	Can...	85	Miller	Palate; anaemic.
Fox, Arthur	115			84		
McGuffin, Lillian	103	Irish	Can...	91	Druggist	Lame; infantile paralysis.
Wellwood, George	132	Can...	Can...	77	Laborer	Silly grin.

JUNIOR II

Williams, Teddy	113	Can...	Can...	86	R.R. conductor	
Austin, Leonard	89			130		Palate; cyanosis; vision.
Buchanan, Harold	122	Eng...	Can...	82	Machinist	
Dunning, Douglas	103	Can...	Can...	108	Inspector	Glands.
Drinkwater, Edward	117	Can...	Can...	84	Machinist	
Harrington, Dennis	92	Eng...	Can...	122	Engineer	Palate; ears.
Hoile, Fred	96	Can...	Can...	115		
Imrie, Alister	96	Can...	Can...	125	Clergyman	Glands.
Kelly, Delhert	103	Can...	Can...	117	Teamster	
Lee, Frank	116	Can...	Can...	91	Carpenter	
Newlove, Cecil	115	Jam...	Can...	90	Driver	Palate.
Pearce, Willie	108	Eng...	U.S...	102	Abattoir	Tonsils.
Rowntree, Kendal	96	Can...	Can...	114	Merchant	
Robertson, Stanley	120	Scot..	Can...	92		
Solman, James	104	Can...	Can...	105	Cust. officer	
Smith, Charles	96	Can...	Can...	128	Druggist	Palate.
Thompson, Campbell	103	Scot..	Can...	108	Inspector	Ears; cyanosis.
Thompson, Arthur	107	Can...	Can...	92	Traffic Conductor	Palate.

JUNIOR II—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Austin, Dorothy	105	.....	.....	105	.....	Palate; anaemic.
Arnold, Rita	111	.....	.....	96	.....	.....
Buckle, Evelyn	104	Eng...	Can...	104	Office manager	.....
Davis, Dollie	104	Eng...	Can...	98	.....	.....
Granfield, Winnie	112	Eng...	Can...	97	Painter	.....
Gillespie, Mildred	96	Can...	Can...	105	Civic employee	.....
Lewis, Celia	90	.....	.....	111	.....	.....
McMaun, Annie	108	Can...	Can...	98	Trainman	Anaemic.
McLelland, Jean	101	Can...	Can...	105	Trainman	.....
Pringle, Margaret	93	Can...	Can...	120	Contractor	.....
Smith, Margaret	120	Can...	Can...	95	Druggist	.....
Spicer, Winnifred	114	.....	.....	94	.....	Palate.
Stubbington, Gladys	107	Eng...	Can...	99	City storage man	Glands.
Trebell, Alice	119	.....	.....	90	.....	.....
Vedehave, Rita	128	Den...	Den...	84	.....	.....
Wellwood, Charlotte	112	Can...	Can...	89	Laborer	.....
Zinkie, Ida	117	Can...	Can...	92	Builder	.....
Waite, Eileen	106	.....	.....	104	.....	.....
Childs, George	131	Eng...	Can...	87	.....	.....
Elliott, Ethel	143	Can...	Can...	70	Booklender	Glands, left handed. Poor home conditions.
Losey, Gordon	137	Eng...	Eng...	76	Laborer	.....
Neill, Violet	125	Can...	Can...	94	Trainman	.....
Strachan, Jack	99	Can...	Can...	114	Jeweler	.....
Amodeo, Antonio	117	Ital...	Can...	102	Fruiterer	.....
Murphy, Cecil	121	Eng...	Irish	74	Mechanic	.....

SENIOR II

Avery, Isabel	107	Can...	Can...	100	Abattoir	.....
Bell, Reggie	131	Eng...	Can...	86	Teamster	.....
Breakwell, Douglas	100	Eng...	Can...	106	Butcher	.....
Cummings, Norman	108	Scot	Can...	107	.....	.....
Curlett, Leonard	103	.....	.....	107	.....	.....
Ferris, Donnell	134	Can...	Can...	80	Mechanic	Mother nervous; Ferris nervous type.
Daoust, Hazel	105	Can...	Can...	90	Yardman	.....
Hanzakos, Micholl	114	Greek.	Greek.	80	Candyman	.....
Heops, Dorothy	116	Eng...	Eng...	95	Painter	.....
Johnson, Leone	92	.....	.....	126	.....	.....
Jones, George	98	.....	.....	114	.....	.....
Kennedy, Kathleen	104	Can...	Can...	100	Foundry work	Palate.
Kessuer, Lillian	104	Rus...	Can...	109	Photographer	Cyanosis.
Medland, Myrle	102	.....	.....	109	.....	.....
Melhuish, Laura	92	.....	.....	123	Veterinary	.....
Newlore, Elsie	97	.....	.....	109	.....	.....
Randall, Bertie	127	Eng...	Eng...	87	.....	.....
Richards, Margaret	94	.....	.....	117	.....	.....
Robertson, Viola	104	Eng...	Can...	125	Butcher	.....

SENIOR II—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Simpson, Tom	130			125		Epicanthus.
Spicer, Hazel	115	Eng.	Can.	95		
Thurlow, Douglas	109			99		
Wright, Hazel	114	Eng.	Can.	98	Laborer	
Hancock, Moffatt	89	Can.	Can.	170	Teacher	Lack of pigment, palate, nysagmus, ears.
Baird, Alex	114	Can.	Can.	87	Munitions	
Mills, Douglas	115			94		Strabismus.
Fisher, Clifford	135	Can.	Can.	84		
Kinnear, Russel	139	Can.	Can.	85	Foreman	
Lyon, Monica	135	Jam.	Can.	80	Factory hand	
Lattay, Beulah	132	Can.	Can.	86	Agent	

JUNIOR III

Murray, Allen	119	Can.	Can.	94	Garage man	
Robertson, Robert	144	Eng.	Eng.	92	Accountant	
Cook, John	140	Scot.	Scot.	88	Mechanic	
Doyle, Gordon	143	Can.	Can.	80	Agent	
Fitzgerald, Fred	147	Irish	Can.	90	Barber	
Finnimore, George	127	Eng.	Can.	85	Laborer	
Kilpatrick, Grafton	113	Can.	Can.	108	Fruiterer	
McLelland, Laurence	120	Can.	Can.	118	Trainman	Palate.
Millar, Harry	103	Can.	Can.	105	Trainman	Palate.
Miller, Jack	140	Eng.	Eng.	83	Butcher	
Spicer, Douglas	137	Eng.	Can.	87	Fireman	
Sargent, Arthur	124	Eng.	Can.	110		
Stogdill, Allan	128	U.S.	Can.	99	Manufacturer	
Strain, Eric	126	Eng.	Can.	94	Manufacturer	
Sherwin, Jack	104	Can.	Can.	99	Clerk	
Stark, Fred	143			86		
Simpson, Fred	132	Eng.	Can.	110	Machinist	
Watkins, Charles	134	Can.	Can.	90	Housekeeper	
Dennis, Clara	126	Scot.	Can.	97	Carpenter	Palate.
Douglas, Evelyn	112	Can.	Can.	105	Machinist	
Faulkner, Marion	123	Eng.	Eng.	99	Blacksmith	
Hall, Audrey	101	U.S.	Can.	120	Carpenter	
Hall, Louisa	152	U.S.	U.S.	83	Laborer	Glands.
Lawn, Mabel	130	Eng.	Can.	90	Soldier	
Lamont, Ida	123	Scot.	Scot.	96	Trainman	
McLelland, Ilda	128	Can.	Can.	90	Trainman	
Montgomery, Annie	107	Can.	Can.	115	Tradesman	
Morris, Elsie	107	Eng.	Can.	93	Motorman	
Miller, Rose	124	Can.	Can.	85	Clerk	Palate, babyish ways.
Murch, Louise	110	Can.	Can.	107	Trainman	
Payton, Eliza	116	Eng.	Can.	96		
Robertson, Marjorie	122	Can.	Can.	110	Trainman	
Russell, Edith	111	Eng.	Can.	103	Carpenter	
Smith, Dorothy	124	Can.	Can.	96	Laborer	

JUNIOR III—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Slack, Della	125	Can...	Can...	87	Farmer	Cyanosis, strabismus.
Warner, Rita	124	Eng...	Can...	94	Trainman	
Wellwood, Howard	153	Can...	Can...	85		
Thompson, Mary	137	Scot...	Can...	86	Ins. of sewage	Cyanosis.
Thompson, Edward	115	Can...	Can...	113	Mechanic	
Stunnell, Louisa	128	Eng...	Eng...	92	Painter	Palate.
Sherwin, Ella	152	Can...	Can...	90	Clerk	
Lafayette, Shelson	133	Can...	Can...	95	Trainman	
Shaver, Fred	127	Can...	Can...	91	Dairyman	
Ruggles, Burdette	123	U.S...	U.S...	87	Machinist	
Price, Thos	135	U.S...	Can...	113	Piano polisher	
Neill, Ada	172	Can...	Can...	70	Mechanic	Cyanosis, anaemic.
McConachie, Alice	152	Eng...	Eng...	97	Mechanic	Cyanosis.
McBride, Laura	127	Can...	Can...	92	Mechanic	
LcBarr, Valentine	120	U.S...	Can...	100	Mechanic	Cyanosis.
Loundes, Dick	109	U.S...	Can...	110		
Longstaffe, Olive	142	Eng...	Can...	84	Homekeeper	Untidy.
Keine, Jean	137	Can...	Can...	85	Moulder	
Kelly, Nelson	138	Can...	Can...	97	Engineer	
Hall, Fred	118	Can...	Can...	112	Mechanic	Palate.
Greene, Margaret	127	Can...	Can...	100		
Elliott, Kathleen	115	Can...	Can...	109	Salesman	
Cormack, Ross	121	Can...	Can...	93	Mechanic	
Bowen, Currick	119	Can...	Can...	106	Miller	
Beard, John	108	Eng...	Can...	115	Grocer	
Barry, Jean	117	Can...	Can...	104	Constable	
Anderson, Howard	107	Can...	Can...	119	Grocer	
Abbott, Albert	135	Eng...	Can...	94	Clerk	
Arnold, Mildred	142	U.S...	Can...	83	Polisher	Untidy, dull looking.
Butter, Gordon	113	Can...	Can...	103	Polisher	
Barnum, Clifford	123	Can...	Can...	100	Driver	Palate
Bailey, Myra	123	Can...	Can...	106	Grocer	
Brooks, Bernice	142	Can...	Can...	80	Driver	
Croney, Myrtle	150	Can...	Can...	81	Carpenter	Apathetic.
Conon, Annie	134	Eng...	Can...	92	Mechanic	
Davis, Myrtle	122	Eng...	Eng...	95	Soldier	Glands.
Duff, Aggie	178	Can...	Can...	60	Scavenger	Palate, cyanosis.
Fisher, Norman	106	Can...	Can...	108	Mechanic	Palate.
Fisher, Nevada	143	Can...	Can...	80		
Guthrie, Ida	129	Can...	Can...	90	Elevator man	
Goduin, Reggie	141	Eng...	Can...	98	Engineer	
Gillespie, Harland	168	Can...	Can...	81	Scavenger	
Geron, Donald	134	Can...	Can...	107	Carpenter	
Henderson, Ella	129	Scot...	Eng...	90		
Johnston, Helen	108	Can...	Can...	111	Trainman	Palate, tonsils.
Jacobs, Stewart	87	Can...	U.S...	87	Laborer	Cyanosis, skin disease.
Lohay, Wilfred	189	Can...	Can...	80	Agent	
Lohay, Joseph	161	Can...	Can...	88	Agent	Tonsils.
LeMothe, Fred	130	Eng...	Can...	93	Driver	
Laidlaw, Edith	135	Can...	Can...	85	Merchant	
McKechnie, Lloyd	134	Can...	Can...	93	Grocer	

JUNIOR III—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Morton, Nancy	106	Can...	Eng...	120	Trainman	
Ostrander, Kenneth	144	Can...	Eng...	83	Agent	
Patterson, Greta	130	Can...	Can...	101	Painter	Tonsils.
Pearce, Margaret	133	Can...	Can...	100	Mechanic	
Peacey, Pearl	134	Eng...	Can...	93	Tobacconist	
Reid, Lorne	127	Can...	Can...	97	Mason	Palate, dull face; thick lips.
Rowntree, Albert	114	Can...	Can...	109	Butcher	
Reid, Arthur	170	Can...	Can...	74	Mason	Palate, dull face; thick lips.
Robinson, Edna	144	Can...	Can...	90	Polisher	
Ritchie, Elizabeth	145	Scot..	Can..	90	Shipper	
Ritchie, Harry	144	Can...	Can...	88	Barber	
Sweavor, Verna	118	U.S..	Can...	105	Trainman	
Sanford, Josephine	143	Can..	Can...	88	Soldier	
Taylor, Marion	133	Can...	Can..	101	Trainman	Tonsils.
Tilling, Robyn	170	Eng...	U.S...	85	Manufacturer	Palate.
Taylor, Rita	119	Can..	Can...	100	Trainman	
Whitehead, Grave	106	Eng...	Can...	116	Tailor	

SENIOR III

Wilby, Teddy	127	Eng...	Can...	96	Butcher	Listless.
Piggott, Thelma	132	Can...	Can...	104	Fireman	
Payton, Mary	171	Can...	Can...	70	Machinist	
Osborne, Shield	123	Eng...	Eng...	109	Mechanic	Tonsils.
Murdy, Lila	137	Can...	Can...	107	Painter	
Morrison, Norma	149	Can...	Can...	97	Business man	
Maher, Bessie	112	Can...	Can...	126	Contractor	
Lewis, Arthur	117	Can...	Can...	106	Mechanic	
Harris, Donald	128	Can...	Can...	113	Business man	
Francis, Ivy	144	Welsh.	Welsh.	103	Laborer	
Davis, Elsie	135	Eng...	Can...	105	Soldier	Glands.
Davies, Gladys	138	Eng...	Eng...	96	Laborer	
Cameron, Helena	156	Can...	Can...	92	Dressmaker	Palate.
Allen, Elizabeth	142	Can...	Can...	86	Laborer	
Lawn, Clarence	182	Eng...	Can...	70	Piano-tuner	Glands, tonsils.
Adams, Willie	150	Can...	Can...	84	Traveller	
Brown, Evelyn	139	Can...	Can...	89	Clerk	
Barry, Earl	136	Can...	Can...	105	Policeman	Cyanosis.
Brown, Marion	159	Can...	Can...	93		
Donnell, Louise	156	Can...	Can...	112	Mechanic	Cyanosis.
Elliott, Howard	137	Can...	Can...	111	Clerk	
Hoodlers, Maud	153	Can...	Can...	85	Barber	
Heriot, Duncan	106	Can...	Can...	138	Trainman	
Hodgson, Cecil	147	Can...	Can...	98	Laborer	
Hobson, Jack	115	Irish..	Can...	117	Trainman	
Johnston, Wyatt	140	Can...	Can...	88	Carpenter	
King, Jennie	151	Scot..	Scot..	84	Baker	
Kirkpatrick, Clifford	150	Can...	Can...	108	Fruiterer	
Ludlow, Vincent	175	Can...	Can...	85	Tailor	
Lee, Jack	146	Scot..	Scot..	93	Mechanic	

SENIOR III—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Lillicrop, Rennie	159	Eng...	Can...	88	Drover	
Loundes, Eva	135	Eng...	Can...	91	Trainman	
Melhuish, Murray	166	Eng...	Can...	85	Veterinary	Palate, tonsils.
McRinstry, Annie	169	Irish..	Can...	90	Mechanic	
McVeigh, Mollie	153	Irish..	Irish..	94	Mechanic	
McDonnell, Evelyn	143	Can...	Can...	91		Palate.
Nigh, Fred	162	Can...	Can...	79	Polisher	Glands, apathetic.
Ostrander, Neil	169	Can...	Can...	92	Agent	
Owen, George	143	Eng...	Eng...	109	Cook	
Paupst, Ruby	156	Can...	Can...	82	Carpenter	Palate.
Reid, Reta	149	Can...	Can...	94	Soldier	
Robertson, Max	155	Can...	Can...	105	Mechanic	
Smith, Fred	139	Can...	Can...	123	Carpenter	
Staples, George	162	Can...	Can...	80	Carpenter	Palate.
Spencer, Hilda	158	Eng...	Can...	86	Foreman	Cyanosis, tonsils.
Sargent, Daisy	158	Eng...	Can...	84	Mechanic	
Tucker, Bartlett	136	Can...	Can...	109	Postman	
Williamson, Eve	129	Eng...	Eng...	106	Builder	Tonsils.
Wood, Jimmie	123	Can...	Can...	110	Storekeeper	
Wedgewood, Dorothy	181	Can...	Can...	78	Mechanic	Cyanosis.
Baird, Ernie	136	Can...	Can...	96	Agent	
Beard, Gordon	126	Eng...	Eng...	109	Merchant	Palate.
Brooks, Hazel	139	Can...	Can...	86	Laborer	
Clarke, Geraldine	128	Eng...	Can...	106	Mechanic	
Eaton, Richard	137	Can...	Can...	99	Engineer	
Gordon, Albert	148	Can...	Can...	97	Trainman	Palate, tonsils.
Grummond, Jean	149	Scot..	Scot..	100	Clerk	
Huizakos, Mary	161	Scot..	Can...	83	Merchant	
Henderson, Margaret	146	Eng...	Eng...	100	Plumber	
Hoile, Donald	132	Can...	Can...	99		Palate, tonsils.
Hoodlers, Edward	141	Can...	Can...	94	Homekeeper	
Lomax, Joe	171	Eng...	Eng...	84	Storekeeper	
Maher, Isabel	126	Can...	Can...	114		
Morrison, Blythe	128	Can...	Can...	111		
Mason, Olive	136	Can...	Can...	107	Agent	
Mason, Alfred	106	Can...	Can...	124	Agent	
Mills, Emily	140	Nfld..	Can...	94	Carpenter	Untidy.
Norris, Eddie	144	Eng...	Can...	106	Homekeeper	
Perry, Edgerton	148	Can...	Can...	100	Bookkeeper	
Phillips, Marjorie	116	Can...	Can...	119	Carpenter	Tonsils.
Ridgley, Minnie	144	Eng...	U.S...	101	Soldier	Palate.
Shaver, Sadie	144	Can...	Can...	99	Dairyman	
Slack, Mary	148	Can...	Can...	95	Laborer	
Sleep, Willie	156	Can...	Can...	93	Caretaker	Palate.
Snell, Ethel	131	Can...	Can...	100	Expressman	
Smith, Elizabeth	140	Can...	Can...	106	Druggist	
Stuart, Gilman	128	Eng...	Eng...	123	C.P.R. Inspec.	
Stunnell, Fred	138	Eng...	Eng...	96	Painter	
Trebell, Clemo (girl)	149	Can...	Can...	105	Laborer	Tonsils.
Wagner, Dorothy	136	Can...	Can...	91	Agent	
Wornsborough, Kate	166	Can...	Can...	80	Clerk	Tonsils.
Wilby, Dora	142	Eng...	Can...	92	Butcher	Palate.
Wright, Hilda	136	Eng...	Can...	96	Agent	

SENIOR III—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Porter, David	150	Can...	Can...	104	Abattoir	
Heaps, Herbert	156	Can...	Can...	100	Painter	
Rich, Charles	133	Can...	Can...	117	Carpenter	Palate.
Millington, Alfred	147	Eng...	Can...	101	Clerk	

JUNIOR IV

Coe, Pearl	180			81		
Curry, Greta	149	Can...	Can...	97	Farmer	
Clarke, Robert	132	Can...	Can...	115	Carpenter	
Rae, Grace	149	Can...	Can...	80	Dyer	Listless.
Copeman, Donald	133	Can...	Can...	115	Carpenter	
Hutchinson, Ed	153	Eng...	Eng...	100	Janitor	
Rich, George	180	Can...	Can...	85	Carpenter	
Rich, Gilbert	163	Can...	Can...	91	Carpenter	
Ruggles, John	152	U.S...	U.S...	112	Mechanic	
Breakwell, Frank	156	Eng...	Can...	109	Butcher	Tonsils.
Glass, Tommy	156	Eng...	Eng...	93		Tonsils.
Gregory, Russell	171	Can...	Can...	102	Tradesman	
Hodgson, Frank	171	Can...	Can...	90	Contractor	
Hillock, Harold	160	Can...	Can...	93	Butcher	Palate.
Haines, Russell	182	Can...	Can...	90	Driver	Palate.
Kimber, Edith	152	Eng...	Eng...	101	Blacksmith	
Lemon, Harry	166	Can...	Can...	101	Agent	
McBride, Wendell	169	Can...	Can...	106	Mechanic	
Smith, Myrtle	175	Can...	Can...	87	Carpenter	Dull face.
Sherwin, Godfrey	174	Can...	Can...	86	Clerk	
Speer, Dorothy	142	Can...	Can...	101	C.P.R. Inspec.	
Powell, Mabel	162	Eng...	Eng...	95		
Broom, Irene	148	Can...	Can...	92	Laborer	
Stunnell, Herbert	162	Eng...	Eng...	83	Painter	Palate; dull, untidy.
Bunch, Pearl	157	Scot..	Can...	93	Elevator man	
Wood, Margaret	147	Can...	Can...	109	Merchant	
Wright, Doris	136	Can...	Can...	107		
Bunch, Lillian	142	Scot..	Can...	100	Elevator man	Palate.
Butler, Mabel	158	Eng...	Can...	109	Plumber	Palate.
Barnum, Rose	161	Can...	Can...	88	Chauffeur	
Hutton, Walter	152	Eng...	Can...	111	Booklender	
Simpson, Herbert	156	Eng...	Eng...	103	Mason	Palate.
Shore, Eileen	158	Can...	Can...	101	Tailor	
Ashman, Pearl	166	Eng...	U.S...	85	Laborer	
Bowen, Edwin	144	Can...	Can...	109	Miller	
Coxon, Sadie	148	Eng...	Can...	97	Laborer	
Sossan, Bernice	171	Can...	Can...	82	Engineer	
Cheeseman, Ethel	150	Eng...	Can...	101	Clerk	Tonsils.
Dennis, Robert	145	Scot..	Can...	105	Mechanic	
Fisher, Beulah	139	Can...	Can...	108	Patternmaker	
Fisher, Lionel	152	Can...	Can...	98	Patternmaker	
Gregory, Doris	147	Can...	Can...	98	Advertiser	
Holison, Eddie	152	Irish..	Can...	114	Motorman	
Heriot, Marjorie	136	Can...	Can...	114	Conductor	Tonsils.

JUNIOR IV—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Hoile, Dorothy	159	Can...	Can...	98		
Harris, Noris	156	Can...	Can...	108	Abattoir	
Island, Mary	169	Can...	U.S...	106		
Jarvis, Florence	146	Can...	Can...	90	Trainman	
Kirby, Cecil	151	Can...	Can...	105	Painter	
Kennedy, Madeline	161	Can...	Can...	97	Mechanic	
Lamond, Hazel	134	Icel'd	Can...	134	Carpenter	Tonsils, palate.
Le Barr, Eunice	156	Can...	Can...	108	Mechanic	
Murray, Edith	116	Scot..	Can...	116	Engineer	
Murch, Jack	128	Can...	Can...	111	Engineer	
McDermott, Florence	178	Can...	Can...	92	Mechanic	
Perry, Reggie	144	Can...	Can...	108	Clerk	
Parker, Edna	144	Can...	Can...	107	Engineer	

SENIOR IV

Snider, Stuart	152	U.S...	Can...	91	Homekeeper	Palate, listless.
Imory, Jack	154	Can...	Can...	96	Clergyman	
Thompson, Dorothy	150	Eng...	Can...	100	Carpenter	Palate, cyanosis.
Breakwell, Ralph	132	Eng...	Can...	128	Butcher	
Brown, Mina	173	Can...	Can...	91	Grocer	
Blackstock, Evelyn	170	Can...	Can...	103	Mechanic	
Coxon, Ernie	182	Eng...	Can...	84	Mechanic	
Douglas, Florence	156	Can...	Can...	107	Printer	
Edmonds, Ruth	151	Can...	Can...	99	Engineer	
Guthrie, Eleanor	161	Can...	Can...	106	Elevator man	
Harrison, Norman	171	Can...	Can...	104		Tonsils, glands.
Loundes, Elsie	166	Eng...	Can...	94	Train Conduc	
Morrison, Grace	175	Irish..	Can...	84	Farmer	
Winkler, Dora	158	Can...	Can...	93	Laborer	
Spicer, Louise	156	Eng...	Can...	95	Soldier	
Ross, Ruby	156	Can...	Can...	97	Grocer	
Cassan, Ruth	151	Can...	Can...	111	Engineer	
Anderson, Ruth	144	Can...	Can...	120	Grocer	
Bibbee, Edith	143	U.S...	U.S...	124	Foundry	Palate.
Bibbee, Isabel	165	U.S...	U.S...	116	Foundry	
Buckner, Eric	171	Can...	Can...	104	Traveller	
Clarke, Alfreda	184	Can...	Can...	94	Agent	
Clarke, Marion	194	Can...	Can...	104	Agent	
Croome, Leonard	166	Can...	Can...	101	Dentist	Palate.
Crowther, Winnifred	184	U.S...	Can...	87		
Colverley, May	192	Can...	Can...	82		
Dingwell, Lexa	163	Scot..	Irish..	106	Seedsman	Tonsils.
Dulmadge, Norman	183	Can...	Can...	93	Mechanic	
Fieldhouse, Ronald	148	Can...	Can...	120		
Glass, Audrey	175	Eng...	Eng...	102		
Hill, Willie	165	Eng...	Eng...	121	Traveller	
Henderson, Eliza	182	Scot..	Eng...	99	Plumber	
James, Eva	160	Eng...	Can...	105	Paperhanger	
Kelly, Edna	198	Can...	Can...	84	Engineer	
Langford, Kenneth	157	Can...	Can...	105	Miller	
Levack, Sinclair	157	Eng...	Can...	115	Office Manager	Tonsils.

SENIOR IV—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Mares, Florence	157	Eng...	Can...	106	Carpenter	Cyanosis.
Marks, Lawrence	159	Eng...	Eng...	105	Painter.	
Mason, Freda	157	Eng...	Can...	102	Agent	
Murray, Marjorie	180	Can...	Can...	80	Moulder	
Moffatt, Baden	150	Can...	Can...	133	Teacher	
Pursley, Louis	158	U.S...	Can...	98	Supt. of C.P.R.	
Price, Annie	192	Can...	U.S...	93	Piano polisher	Palate.
Powell, Francis	190	Eng...	Eng...	86	Baker	
Ridgley, Harry	164	Eng...	U.S...	102	Soldier	
Shore, Ella	181	Can...	Can...	89	Tailor	
Thompson, Helen	165	Scot..	Can...	102	Abattoir	
Thompson, John	145	Can...	Can...	116	Grain Inspector	
Wilby, Della	164	Eng...	Can...	103	Butcher	
Willet, Isa	192	Can...	Can...	90	Mechanic.	

VANCOUVER'S SUB-NORMAL PROBLEM

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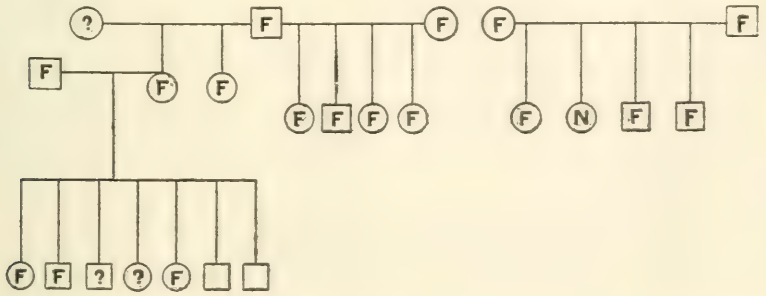
IN a cosmopolitan city like Vancouver the visitor's attention is immediately challenged by the nationalities represented on its streets. Chinese women in native costume touch elbows with gaily decked Serbians in theirs. Hindoos with many coloured turbans, Russians, Turks, Italians and Greeks jostle the hardy Scotchman, the dignified Englishman and the quick-tempered Irishman on the crowded pavements of the city. But whatever country claims the parents' patriotism, their children are Canadian born—Canadian citizens in the making and "Education" and "Canadianization" are the magic keys which will make of these little ones the backbone of our Dominion. Visit one of our schools and the little representatives of every country under the sun gaze into your face, eager for knowledge, alive to the world's unrest, thankful for a peaceful land and ready to shout with our own boys and girls, whose ancestors have been Canadians since Confederation and long before,

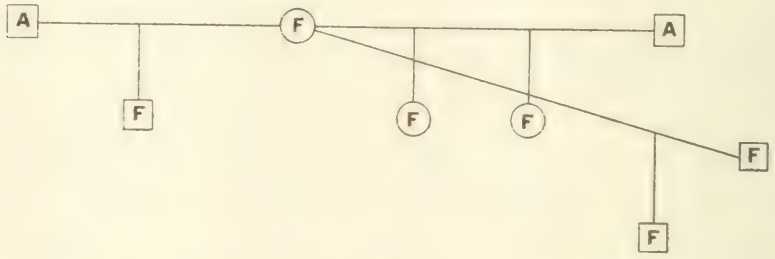
"And prosper Canada from shore to shore."

What a responsibility rests upon our teachers to use the tender years to instil lessons of morality, temperance, patriotism, courtesy and industry, that these children of foreigners may grow up into good Canadians. We have opened wide the gates and allowed free access to our lands, our industries, and wealth, and alas! not once but many times our trust has been betrayed. Here we see two brothers from sunny Italy, lazy, degenerate, dissolute and mentally deficient; no challenge halts them; the port of entry is not barred—Canada is theirs for the taking. Within twenty years gaze on their family charts.



In one family six feeble-minded children and the second generation already clogging our educational system; in the other, one degenerate girl spreading vice and disease and two little juvenile delinquents to break the heart of the normal sister-home-maker.

Or look at this feeble-minded English woman we have allowed to enter.



Within ten years four feeble-minded little citizens swell the population and the mother applies for a "mother's pension." Do we not prove our own mentality by allowing to enter our fair land this degenerate stock of foreign countries? Will our people never awake to the need for Physical and Psychological examinations at the port of entry, that such undesirable citizens may be returned and cared for in the country of their birth? Unwise immigration, heredity, disease, accident, etc., are responsible for much of the backwardness and defect found in our schools to-day.

Realizing the right of these children to an "education suited to their needs," knowing that they were not getting it, and feeling moreover that they were hindering the regular work of the class room by absorbing too much of the teacher's time with but little, if any, result, the Vancouver School Board of 1917 decided to establish a Psychological Clinic. For six years previous to this, the Board had maintained two classes for low grade defectives, most of whom were imbeciles. Under the mistaken idea that they might be taught some form of unskilled labour by which they might be made self-supporting the teachers of these two classes (one, the writer of this article, the other our present Psychologist) laboured to instil the principles of the most menial tasks, only to find them forgotten or disregarded. Slowly it dawned upon us that these children in our care would never be able to earn a living, were institutional cases and only under permanent custodial care would they be safe and happy. Looking back on those six years the benefits derived from them might be summed up thus:

1. The segregation of the imbeciles from regular grades.
2. The knowledge gained of their needs, mental equipment and how to use it.

3. The education of the Public through pity and sympathy of all who came in contact with them, which, in time, bore fruit.

When, therefore, the Provincial Government opened a custodial cottage for the care of low grade cases of mental defect, the Vancouver School Board decided to close these classes, which it had most humanely cared for, and turn its attention to the higher forms of mental defect, the Moron problem, realizing its menace if neglected, and its possibilities of training good citizens if suitable education were applied from an early age. Accordingly in February, 1918, a Psychological Clinic, consisting of a Clinician and an Observation Class, was established in the School Board Building for the purpose of studying all types of mentality, varying from the normal. The super-normal child, the sub-normal child, the child with speech defect, the Psychopath, the cripple, the pre-tubercular, each need special educational privileges in the school world and sad have been our failures in the past, through inability to realize that "all brains were not run in one mould." Why waste the precious youth of the brilliant pupil by compelling him to wait for the ordinary child to complete the grade's work? Why waste the teacher's time drilling the sub-normal child in that which would be of no earthly use to him? Why compel the cripple and one pre-disposed to tuberculosis, to suffer for lack of an education when chairs could be made to fit the crippled bodies and open air classes would produce a healthy citizen.

With the hope then of caring for by far the largest group, that of the sub-normal, the Psychological Clinic planned its first work.

Every intelligent teacher is bound to judge the mentality of her pupils. This is proved by her "A," "B" and "C" classes and it is usually her "C" class that demands all the patience and teaching ability she can bring to the task of teaching them. And yet when the offer is made to test these backward ones in an effort to find out why they are so dull, the long-suffering, conscientious teacher usually holds back. She would rather struggle on than destroy his chance of a general education. Until assured that the full responsibility must rest on the Clinic, whose only desire is to seek the cause of the child's retardation and remove it if possible; that only a small percent of those examined would be found definitely feeble-minded, and that while many of them might be found potentially so, the Clinic's recommendations for them would be along the line of their best interest for life in the world beyond school days, then only will she consent to hand in the names of her retarded pupils to the Principal.

Occasionally a teacher refuses her names and then one of the now numerous group tests is used with the whole class, which very quickly determines those who fall below the average of the grade. Having ob-

tained his list, the Principal states the case to the municipal inspector, who instructs the Psychologist as to which schools are asking for help. As soon as she can attend to the case the Principal is notified of the days she will be in his building, and each child on the list is given either the Goddard or Terman Revision of the Binet-Simon Scale. Those who are found to be two or more years retarded are taken to the Observation Class on an appointed date for further examination. Those who are found to be one to two years retarded are re-tested every six months and carefully watched; those less than a year retarded are sent back to the classroom with possibly some recommendation to the teacher regarding some quality of the child's mind brought out by the test which may be used to arouse interest in the grade's work.

The two year or more retarded are kept in the Observation Class from three to five days, while the Observation Class teacher tests to find his pedagogical standing, the exact point in each study at which understanding has ceased, and at the same time is closely observing all his re-actions both in work and play. Puzzles, games, toys and building material are used. She observes that he can learn the mechanics of arithmetic, but when he gets problems, his reasoning ability is nil; that he can read, but beyond simple stories he fails to understand; spelling he can do if memory is good. History and Geography he understands very little of. In play he is never the leader, usually his playmates are younger than himself and he "bullies" them, or more often they "boss" him. Sometimes he displays exceptional ability along manual lines. At the same time the Psychologist is studying intensively his powers of attention, concentration, memory, ability for work, muscular co-ordination, visual, auditory and motor control, reasoning and judgment and suggestibility. A clinical report is then prepared for each child studied and his work and tests, together with recommendation as to the best course of study, filed in separate folder for reference at any time. Each child is also given a thorough physical examination by the School physician. Of 393 cases so studied during the last two and a half years 307 recommendations were made to Special Class and 30 to the Provincial Institution for the mentally deficient. Of those sent to Special Class 265 is the total cared for to date, and of those sixty have left the classes, either to go to work, leaving the city or some other legitimate reason, so that at the end of 1920 we have fifteen classes caring for 205 sub-normal pupils—fifteen trained teachers and two manual training instructors on the staff, full time.

Special Classes

The pupils of special classes are all two or more years retarded and are not placed there with any hope of ever re-entering regular grade work.

As one teacher says "That is possible, but not probable." Rather we feel that his talents lie in a different direction; that the stress should be laid on manual, muscular and physical training, with the aim of a trade for a life work. Given this knowledge to start with and a moderate amount of supervision for a few years until working habits are well established, a sub-normal youth is not badly started on life's highway and often gives a good account of himself in the working world. Equipped with a knowledge of the Psychology of the Sub-normal, with extraordinary gifts of patience, originality and sweet temper, and a thorough dependence on the clinical report for each child, the special class teacher and the pupil start on the basis of mutual understanding. She does not expect him to do what he is incapable of doing; she strives for his happiness first. The child finds a place where, in certain things he can shine; a most natural desire, in which he has always been thwarted by boys much more clever than he; but here he can make something which these same boys envy him for. (Boys in the regular classes have been known to deliberately cipher, spell and read in an incorrect and slovenly manner in order to get into special class, after seeing the handwork.) It is true the "three R's" are still taught but in such a different way. Instead of being the most necessary things they have a secondary importance, and the emphasis is placed on "Habits," personal habits, moral habits, work habits, etc., for on "habits" well grounded the future life of these children will depend. He finds credit given for cleanliness of person and clothing, for play in the open air, for not drinking tea or coffee, and oh! wonder of wonders! credit for trying to be kind and helpful to others. Rewards for every effort, praise for every act of helpfulness or unselfishness and a spirit of toleration in regard to small offences, which makes the pupils live together, as a preparation for life in the larger world outside the school room.

A store of empty cartons, boxes, bottles, etc., provides the means for practical buying and selling, making bills, getting change, etc. Of course this requires some drill work which is usually instilled by means of games, races, etc., and the multiplication table, for instance, formerly such a bugbear, becomes only fun. If they master this course in "arithmetic," what more will they need for the every day affairs of life?

Oral spelling, we have discarded, but spelling becomes a game too, when you are racing with the other members of your class to see how many words you can remember, just by looking, breaking up into syllables, erasing and writing, erasing and writing, until it cannot fade from memory. It too has become a "habit."

Reading is correlated with the day's work and taken from any available source, understanding being essential. Dramatization is enjoyed by all. History and Geography are taught orally by means of stories and

games. But these are not the essential things in this new class as they were in the old. It is in DOING not learning that he can show his ability, and in Basketry, Carpentry, Toy-making, Beaten Brass, Brush-making, and Rug-making he spends many hours, learning life's lessons in reliable workmanship. The girls do Basketry, Rug-making (braided, hooked or woven), knitting, crocheting, garment making from patterns, etc., and in working separately or on a "community piece" are disciplined and trained for life's battles. Physical training for the correction of bad habits of posture, etc., also has a good share of attention and games, ladder-stunts and folk-dancing do more to improve the little bodies than hours of uninteresting drill.

SPECIAL CLASS TIME TABLE

Time	A	B	C	D
9.00 to 9.15	..... Opening exercises.			
9.15 to 9.30	Morning talk on subject of day's work.			
9.30 to 10.00	Manual work in cutting, painting, pasting, crayons, etc.			
10.00 to 10.30	Correlated with previous period.	Arithmetic.		
10.30 to 10.45		Written language.	Spelling.	
		Recess		
11.00 to 11.15		Spelling	Written work or memory work.	
11.15 to 11.45	Reading correlated with morning work.			
11.45 to 12.00		Corrective physical drill.		
		Lunch		
1 15 to 1.20		Roll call and weather observation.		
1.20 to 1.50	Dramatization, story, game, geography or history (oral).			
1.50 to 2.00	Singing, folk-dancing, or physical drill.			
2.00 to 3.10	Manual work, bench, clay, weaving, sewing, basketry, knitting, toy-making, etc.			
3.10 to 3.15	Cleaning up and closing exercises.			

Such is the special education given to those recommended by the Psychological Clinic as those whose mental equipment will never enable them to earn a living by "brainpower" and therefore need muscular training from childhood. We have already proved that it can do a great deal towards training these pupils so that they may go to work; but we shall have failed if we do not go further and give them a Trade School into which they can graduate as normal children graduate into a High School and be taught one trade thoroughly and well. It is the only logical conclusion for Special Class work, and we look hopefully forward to its early fulfilment. In the meantime, as pupils leave our classes, and through stress of family conditions are compelled to work even at the early age of fourteen, they come under the care of our Social worker, whose valuable and reliable work both the Clinic and Special Classes have learned to depend upon. To the Clinic, in getting family histories, making out charts of hereditary defect, getting imbeciles into the Institution, etc., and to Special Classes, in investigating factory conditions, mills, laundries, etc., for suitable positions where a sub-normal boy or girl would be given a fair chance. With a list of managers and foremen

willing to try them, she starts each boy or girl in a position such as they have proved their ability in the classroom to hold. She follows them up with tactful advice as to money matters, board at home, saving and spending, amusements, etc., for with their inability to reason they must always turn to someone for advice, and WE have become a habit. Naturally they turn to us in every difficulty. As one of our girls said when she had cut the ends of her fingers off in the canning factory, "We don't know nothin' like other folks." The poor little Italian immigrant knew enough, however, to keep the phone busy until she found her social service friend in order to get compensation for her injury from the Compensation Board. Most of our pupils, through careful placing are turning out as well as we can expect, although it is much too early to make any prediction of success. Furniture making, chocolate dipping, simple piece work in factories, book-binding, mechanical dentistry, errand boys, dress-making and house-work, have furnished employment for our pupils thus far. But remember they are only partially prepared. With a Trade School we could send them out with a thorough knowledge of some form of labour, however lowly, and feel that always they were equipped with a "Habit" which would keep them supplied with a means of livelihood.

Now a word as to the cost of these classes. Special classes cost more to equip than the regular classroom. In the first place there are only fourteen pupils and the teachers are paid more than regular teachers. Each room has small tables and chairs in addition to eight or ten desks and four manual training benches. Tools are expensive and material for handwork is a big item of expense. Each year, however, we hope to turn back into stock an increasing amount from the sale of our baskets, rugs, toys, etc. This year gramophones and foot-balls have been purchased and substantial amounts toward sewing machines. We feel however that the cost of any work is small, when viewed in dollars and cents, which is a preventative of pauperism, vagrancy and crime.

In conclusion, let me refer once again to the Immigration problem in regard to mental deficients. I feel strongly that we are allowing too many of these to slip past our gates. At the end of 1920, after two and a half years of work Vancouver is caring for 205 sub-normal pupils, about 3% of the number of pupils in schools surveyed. A recent survey of the nationalities of these reveals this list:

Canadian	35.0%	
English	27.0%	(Born in the Old Country)
Scotch	10.0%	
Irish	3.8%	
American	7.5%	
Italian	6.2%	
Other countries	10.5%	

The group is still too small to make any comments upon. But it surely serves to show that with the influx of immigrants expected in the Spring, we need careful testing and selection. Canada can and will care for her native born unfortunates. But if we are to maintain a high standard of Canadian manhood and womanhood vitally active and alert to uphold our Dominion's prestige and honour among the Nations, we must guard our shores from the Immigrant mentally and physically sub-normal.

THOUGHTS ON PROBLEMS ARISING IN CONNECTION WITH THE TREATMENT OF THE INSANE

THE medical profession will easily recognize the advisability of revision and change in the present law as it applies to the question of insanity; more particularly in reference to the ease with which it may be employed by relatives who desire to obtain the freedom of an asylum patient. It is not difficult for any of us to recall instances of patients formally committed to asylums who have been released after a short period of confinement, and have more or less promptly attempted, or even succeeded, in committing some terrible crime, the result of their insane ideas. The history is usually the same. The patient has suffered from a monomania or a paranoiac form of insanity and has improved somewhat under treatment during confinement, although considered by the hospital authorities as by no means cured. The solicitations of relatives who promise to be responsible for the patient secure his release. If this release were not so given, habeas corpus proceedings would very soon secure it. But what to an alienist is a serious and sometimes dangerous symptom, may to the uninitiated appear merely as an idiosyncracy, and thus the relatives' shouldering of responsibility may be no protection to the public. It is not as simple a matter as it might seem to draw up laws which with justice to all would obviate this danger. Where relatives wish to act against the judgment of hospital authorities, the decision of a committee of experts would be more reliable than that of a judge of one of the civil courts.

Our attention has also been drawn to a change in the law which has recently come into effect in the Province of Quebec, which cannot but be considered as not only undesirable, but even a positive step backward. No individual who is insane can be asked to stand a trial. Formerly, in the Quebec Province, in a criminal case, if any question of the sanity of the prisoner arose the Superintendents of the hospital for the insane, as Government officials, were called in, and after sufficient examination and observation gave their opinion by which the action of the court was guided. But now this is changed, and the Attorney-General has decided that the burden of proof of insanity is on a criminal who pleads that insanity. Thus one can see the possibility in the future of a Thaw trial in this province with all its distasteful revelations and obnoxious publicity—to say nothing of the injustice to a prisoner really suffering from mental disease. Why was the change made? Certainly

one would not suggest that the Superintendents of our asylums were lacking in experience, and, being paid by the Province, they would surely be more likely to be unbiased. These points, I believe, were not questioned, but I am informed that these men sometimes made as much as $1,000 a year above their salary in this sort of work, and it is thought to be too much. We advocate economy, but the salaries of the Superintendents of Asylums are not so generous that an extra $1,000 or $2,000 should be weighed against the huge expense to the Province, and the undesirable notoriety of a local Thaw trial.

Editorial—C.M.A.J., April 1921.

NOTES AND NEWS

THE AIMS OF MENTAL HYGIENE

"To stem the tide of syphilis, to wage war on alcohol, to counsel against marriage of defectives, to generalize the insane hospitals, to specialize the general hospitals, to weed defects out of general school classes, to open out the shut-in personality, to ventilate sex questions, to perturb and at the same time reassure the interested public—these are infinitives that belong perhaps in a rational movement for mental hygiene. They are things that the past has taught us more or less clearly to do and in that sense the movement for mental hygiene is surely not much more than the elaboration of the obvious." E. E. SOUTHARD.

CARE OF DEFECTIVES MOST IMPORTANT CHARITABLE WORK

"In the whole group of organized charities there is no department which promises a higher return for time, thought and money expended upon it than the department of mental deficiency. Such expenditures will accomplish more for advance in education, general morality and peacefulness and happiness in the community, than in provision for any other of the State's dependents. It is the most frequent dependent class that we have, and yet it is the class most neglected."—DR. PEARCE BAILEY, Chairman, New York State Commission for Mental Defectives.

CANADA

The Social Service Council of Quebec, through its Secretary, the Rev. Gordon Dickie, is arranging for a series of conferences to be held throughout the Province of Quebec during the coming summer.

These conferences will include illustrated lectures, by Prof. W. D. Tait, on "Treatment of Defectives," and by Rev. Gordon Dickie, on "Treatment of Delinquents."

Dr. E. M. Miller, Professor of Psychology, University of Tasmania, who has been touring the North American continent for the purpose of preparing a report on Mental Hygiene for the Australian State Government, was a guest of the Canadian National Committee for Mental Hygiene during his stay in Toronto.

Mr. N. L. Burnette, Director of Occupational Therapy and Vocational Guidance for the Canadian National Committee for Mental Hygiene, represented the Canadian National Committee in the Health Week Campaign in New Brunswick. Mr. Burnette spoke in St. John, Moncton, Campbellton, Bathurst, Newcastle, Chatham and Sackville.

The Montreal Industrial Institute for Epileptics, which was incorporated in 1920, largely through the efforts of Dr. A. G. Morphy, has been doing valuable work in the treatment of persons suffering from epilepsy. It has been clearly proven that occupational therapy reduces the number of attacks, which these patients have, to a minimum. The Institute has been working under adverse circumstances, but this year it is expected that larger and better accommodation for the patients will be obtained. With the assistance of Mr. Norman Burnette, Director of Vocational Therapy, Canadian National Committee for Mental Hygiene, a broader and more useful course in occupational therapy will be inaugurated.

The Quebec Government has decided to permanently engage a Social Worker in connection with the Verdun and St. Jean de Dieu Hospitals, Montreal. For two years the salary of this Social Worker was paid by the Canadian National Committee for Mental Hygiene, as a demonstration of the value of such work. During that time, the Social Worker saved the Quebec Government thousands of dollars by enabling the hospitals to parole patients who would otherwise have had to be kept in an institution.

Dr. F. E. Devlin, Medical Superintendent, St. Jean de Dieu Hospital, Montreal, has been appointed psychiatrist to the Courts of the Province of Quebec. His duties will be to examine all persons, under the jurisdiction of the courts, who are suspected to be suffering from any mental abnormality.

It is expected that a Psychopathic Hospital, in connection with the University of Toronto, will be built this year. The site chosen, which has been donated by the Province of Ontario, is in close proximity to the Toronto General Hospital and the University. The City of Toronto is providing the funds for the construction of the building.

The Rockefeller Foundation, in their gift of $1,000,000 to the Universities of McGill and Toronto, stipulated that each of these Universities should build a Psychopathic Hospital.

It is expected that, within a short time, McGill University will announce the site for the Psychopathic Hospital and its determination to build it as soon as possible.

Dr. H. C. Steeves has been appointed Superintendent of Mental Hospitals in British Columbia, succeeding the late Dr. C. E. Doherty.

The first unit of the Industrial School for normal and mentally deficient children at Essondale, B.C., has been completed.

When all the buildings in connection with the Essondale Institution are completed, it will rank as the finest institution of its kind on the Continent.

The Province of Saskatchewan has voted $1,500,000 for the building of a new Mental Hospital at Weyburn. This hospital will serve the southern district of the province, and with the Battleford institution, will be able to adequately handle all patients suffering from mental diseases.

The Department of Education, Province of Ontario, is at present conducting a series of surveys in the public schools of the larger centres in the province. This work is being done by Dr. Sinclair, Supervisor of Auxiliary Classes, and Dr. Eric Clarke.

As a result of these surveys, special classes for mentally deficient children are being inaugurated in a large number of cities.

UNITED STATES

Colorado

The citizens of the State of Colorado, at the November election, voted favourably on a bill authorizing an appropriation for a state psychopathic hospital. The vote is particularly significant as this was not a fortunate year for initiated measures, as is shown by the fact that six of the ten initiated measures failed.

New York

The Hospital Commissions of the State of New York are now operating thirty-eight free mental clinics throughout the state. At ten of the thirty-eight clinic centres, the State Commission for Mental Defectives is regularly co-operating in conducting joint clinics, and at six other centres, the State Commission co-operates in holding occasional joint clinics.

Connecticut

A bill to establish a psychopathic hospital in New Haven, at Yale University, will be introduced in the 1921 legislature of Connecticut,

Massachusetts

The Psychopathic Department of the Boston State Hospital has been made a separate state hospital by legislative enactment. It is hereafter to be known as the Boston Psychopathic Hospital. Dr. C. Macfie Campbell, formerly of the Henry Phipps Psychiatric Clinic, Baltimore, is the new Medical Director. Dr. Douglas A. Thom will have charge of the out-patient department.

Minnesota

Interest is being expressed in the establishment of a state hospital at the University of Minnesota. It has the indorsement of the State Medical Society, many state and municipal officers, and social workers. It is proposed to have a hospital of at least 70 beds to be placed in the university hospital group and conducted by the medical school under a joint arrangement between the university and the State Board of Control.

Texas

The Northwest Texas Hospital for mental diseases, which was authorized by the 1917 legislature, is nearing completion. The East Texas Hospital, authorized the same year for coloured patients, was opened September 1st, 1919.

BOOK REVIEWS

PSYCHOLOGY FROM THE STANDPOINT OF A BEHAVIORIST. By John B. Watson. Published by J. B. Lippincott, Philadelphia and London. Pp. 429. Price $2.50.

After an absence of nearly four years from academic life it is stimulating, refreshing and instructive to meet such a book as the one under review. No book is perfect and that is the reason why more and still more books are published. This one errs in the direction of insufficiency, a defect not due to the inability of the author but rather to the present incompleteness of the science of behavioristic psychology. The defect is not permanent.

It might be said that the chapters on the nervous system are rather too extended because in the remaining discussions one fails to find much correlation thereto. Students of behavior should know all this, but if they are to know it well they must needs go outside the psychology classroom.

The treatment of response, instinct, language and thought are excellent, not so much for the actual material (which is not small) as for a distinct and valuable contribution towards a new point of view and progress in accordance therewith. This is no summary or abstract. The book deserves careful study by physicians and psychologists interested in human behaviour. Its chief value lies in the new way opened up for the more exact and objective study of humans—a way which should appeal to all interested in the application of the laws of behavior to the problems of life. Professor Watson has blazed a trail.

W. D. T.

THE FORM AND FUNCTIONS OF THE CENTRAL NERVOUS SYSTEM. An Introduction to the Study of Nervous Diseases. By Frederick Tilney, M.D., Ph.D., Professor of Neurology, Columbia University, and Henry Alsop Riley, A.M., M.D., Associate in Neurology, Columbia University. 1,020 pages; 591 figures, containing 763 illustrations, of which 56 are coloured. Price $12.00. Publishers: Paul B. Hoeber, New York, 1921.

For many years neurologists have been endeavoring to teach

diseases of the nervous system from the anatomical and physiological view-point.

Purves Stewart, in his excellent book "The Diagnosis of the Nervous System," describes the various symptoms found in nervous diseases from an anatomical standpoint. In this present volume, by Tilney and Riley, the authors have gone further. As they state in their preface: "This work is designed to fill the gap between morphology and the practical requirements of clinical medicine. It aims to visualize the living nervous system; to make accessible an appreciation of its vital relation to the functions which go to make up life, as well as the defects in these relations which result in disease."

They have fully achieved their purpose and have opened up a new interest, as well as vision, in neurology. This book cannot be too highly recommended to all those interested in the nervous system.

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PSYCHIC EPIDEMICS

BY HORST OERTEL

THE physician, in order to diagnose and prognose a disease in a patient properly, finds it necessary to obtain full knowledge of the whole personal and family history. Thus also, the medical historian approaches and studies diseases as generic phenomena and expressions from which he endeavours to formulate general laws which govern human existence. For the historian, whether his pursuits are medical, political or moral, is confronted by human life as aggregate. He may even go beyond it and treat the human phase only as a part of a general living being. His duty is to determine what is common to all life, to what extent its forms differ and how its parts move in, and are related to, their environment. For one of the greatest questions is, whether all organic life and again each unit of life represent only aggregates of individuals, or, whether they are entities in the same sense that the individual himself is an entity, not a simple summation of cells. Here each component must follow certain laws which are dictated by the unit as a whole. This is of fundamental importance in the interpretations of human history, no matter from which standpoint we view it. Does the human collective unit move of necessity according to certain laws, are its actions determined? Should we, as the great medical historian, Hecker, early in the nineteenth century put it, "be able to deduce from the grave facts of history a convincing proof that the human race, amidst the creation which surrounds it, moves in body and soul as an individual whole?" Is the individuality of persons and nations which we value so highly, only a ripple on the vast ocean of mankind, whose movements bring forth the ripple, but in their own massiveness and force remain hidden underneath, unnoticed by the casual observer, until a violent outbreak through a gale discloses their presence and power to a surprised spectator?

It is in this connection that medical history may demand general recognition, for it discloses plainer than any other branch of history two closely related common human characteristics—susceptibility and cohesion. It is especially the history of epidemics, their origin, their

commencement, extent, manner of propagation, periodic occurrence, geographical distribution, racial influence, although still obscure in many points, that directs our attention towards certain laws which govern susceptibility, and therefore, cohesion of the human aggregate. Most instructive are those epidemics which are psychic, in which no physical, material contagion exists, but which are communicated by, and disturb the mind purely through the senses. Of these there have been outbreaks in different parts of the world in one form or another and at one time or another. The ground for their development is always prepared by great exhausting upheavals (famine, war, plagues, etc.) which unbalance the human mentality, paralyse restraint, judgment and throw, therefore, the savage animal, imitating nature and common instincts of man into most extraordinary relief.

These psychic epidemics depend all upon a morbid enthusiasm of one thing or another, often augmented by hatred, leagued with baser passions, but frequently cloaked in, and supported by, a mantle of virtue. Their desire is to satiate long suppressed emotions, jealousy, revenge and sensuous pleasures which are ordinarily suppressed by conventions.

Furthermore, these mental states have generally been taken advantage of by the unscrupulous who, in order to gain their own ends and profits, join, encourage and propagate the particular expression of a deranged mentality.

Thus whole cities, districts and countries have succumbed to strange mental attitudes and actions.

Of these psychic epidemics many exist, but hardly any is more interesting and instructive than the so-called "Dancing Mania" which, in changing but essentially similar form, occurring in greater or lesser extent in all countries of the old and new world, has been in evidence from the middle ages to the present generation and has appeared under, and consequent to, similar environmental influences.

The facts and evidence of this epidemic were carefully collected, critically reviewed and masterly presented by Hecker in his great work on the Epidemics of the middle ages, which appeared from 1832 to 1834, and which includes an account of the "Black Death," "The Dancing Mania" and "The sweating sickness." At the instigation of the council of the Sydenham Society, appreciating the importance of the work, an excellent English translation by Babington appeared in their publications in 1844, with annotations and references to originals, making the work available to English readers. Creating a great impression at the time in its historic and psychological bearings, it was gradually more or less lost sight of, even by the medical profession and historians for whom it had been principally written. Thus, at the present day, much of its historic and psychological value and influence has been obliterated.

I have, therefore, thought it opportune to place once more the chief facts and relations of one of the most peculiar human afflictions before a larger circle of readers.

It is necessary to first sketch briefly the background and settings of the malady, for, like all human movements, it becomes intelligible only in the light of the preceding events.

The Dancing Mania appeared in extraordinary form and extent during one of those frightful periods of physical and mental depression which were unusually numerous in the middle ages. It followed closely in the path of the plague and the turmoils of a general disorder. Their moral effects were even more shocking than their physical devastation. Thus there died of plague[1]: in London, between 20,000 and 30,000; a tremendous rate for the population of that time. The daily interments rose to 200 a day in one cemetery alone. (The old Charter house churchyard in London has a stone monument at its entrance bearing the inscription that 50,000 corpses were here interred. But this is undoubtedly based on a traditional exaggeration and was recorded about 22 years after the epidemic.) In Yarmouth there were about 7,000 deaths; in Leicester 1,377 of a population of 3,939; in Norwich, 15,000. (The record of 50,000 given by some for Norwich seems altogether impossible.) Oxford lost two-thirds of its academic population.

Significant are the, generally reliable, figures for the monasteries and clergy. Thus Higden, in "Polychronicon," states: "in some houses of religion, of twenty, were left but twain." In Croxton all monks died with exception of the abbott and prior. In Ely 28 out of 43. In the Archdeaconry of West Riding there were 96 vacancies in the year 1349, leaving 45 parishes in which incumbents survived. In East Riding 60 incumbents died out of 95 parishes. In East Anglia 800 parishes lost their parsons from March 1349 to March 1350; 80 parishes having been twice vacant and 10 three times. In the mountainous parts the ravages seemed to be less, but the Scots contracted and imported the disease into their country through one of their many invasions into English territory. In Ireland the epidemic appeared equally severe, although according to some it seems to have been somewhat less infected than the rest of Britain. But on the continent conditions were even more terrible. In Paris fully 50% of the population died and the daily death rate rose to 800; in Vienna the daily death rate is given as between 500 and 1,000; in Florence there died of plague 60,000; in Naples, 60,000; in Genoa, 40,000; in Avignon, 60,000; in Modena the whole population of one hundred succumbed; in Rome the dead were reported "countless"; in Strasburg, 16,000; in Lubeck (at that time an important part) 9,000. Cairo is reported on good authority to have lost at least 1,000 people a day; in Asia succumbed, according to a report to Pope Clement

1- The older figures of the mortality during the plague epidemic were much larger, but not very reliable. The figures here recorded are from the more critical recent works of Creighton (Epidemics in Britain, 1891, I), Haser (Geschichte d. Medizin, 1884) and Lersch (Volkssenchen, 1896) where other details may be found.

VI, 23 millions. India was depopulated. Even the inhabitants of the most northern countries, Greenland and Iceland did not escape. To them it was brought from Denmark, Sweden and Norway. In Germany, which was apparently more spared by the plagues than other countries, only (!) 1,244,434 died. In the city of Erfurt, after the cemeteries had been filled, corpses were thrown by the thousands into tremendous pits. The same practice was followed in other cities, or bodies were thrown into the rivers. Hecker states that, without exaggeration, the number of deaths in Europe was about 25,000,000. It is safe to assume that Europe lost near to one-half of its entire population.

When towns were stricken by the disease, panic followed; fear, consternation ruled; all order broke down. Citizens committed suicide in order to escape the disease. Morals deteriorated, laws disappeared and strife and conquest added to the existing disorder. This, shortly, is the picture of the "Great Mortality" from 1347 to 1350, but not ended in that year, for recurrences were frequent to the end of the 14th century which, although not so severe or general, but in combination with other misfortunes, perpetuated the demoralization.

It is interesting to recall in this connection two important associated phenomena which have profoundly influenced subsequent history:— One is the increasing wealth and power of the church through the acquisition of donations in treasures and land. Individuals in fear of death gave freely for penance and protection. The other is a most extraordinary fecundity of the women. Marriages became prolific so that the waste of human life was more rapidly replaced than the psychic effects of ruinous influences were worn out.

The first spreading psychic results of these unhappy times are evident in the extending movements of the Flaggelants or Cross bearers. Flaggelation, as religious penance, had been practised long before and been witnessed in various parts of Europe, but with the plague it rose to much greater importance and exaggeration.

From Hungary, in 1349, there marched a few hundred Flaggelants in strange ecclesiastic procession across Germany. By the time they reached Strassburg their number was over a thousand; at Speyer it became a general movement in which the whole city participated. It gained greater momentum with wider distribution. Degenerate practices, crimes and other outgrowths were associated with Flaggelant exhibitions and influences, outlaws and adventurers joined them, until the Sorbonne at Paris and the Emperor Charles both appealed to the Holy See against them, and indeed the Flaggelant movement threatened the authority of priests and church.

But now the heated, unbalanced public mind turned to another outlet of its emotions in a direction which since the time of Tucydides

has been for ever in the minds of the ignorant and vulgar, the explanation of great catastrophes.

The belief spread over Europe that the plague was due to poisoned water, poisoned food and supplies and poisoned air. A common enemy of Europeans must, therefore, by the perpetrator. Who could that be other than the Jew? Thus in September and October of 1348 began at Chillon, Lake Geneva, the persecution and massacre of the Jews. With and without torture confessions were obtained. Public meetings were held to devise means how to exterminate the Jews and thus they were either burnt or forced out by sword, their money and property confiscated and stolen. In Strassburg two thousand Jews were burnt alive in their own cemetery, in Mayence 12,000 are said to have been executed; there and elsewhere the simultaneous entry of the Flaggelants gave rise to greater slaughter. Humanity and restraint by Pope and Emperor were insufficient to stem the tide, although notables and secular and ecclesiastic powers finally took the Jews under their own protection. The Jews remained in public opinion poison mixers, conspirators through an apparent overwhelming evidence. A most important historic document in this respect is the communication of the Castellan of Chillon to the Mayor of the City of Strassburg, 1348, enclosing copy of the inquisition and confession of several Jews, which gave an appearance of justice to these executions. For example, Balaviguns, a Jewish physician, after having been put on the rack, confessed that about ten weeks before the Rabbi Jacob of Toledo sent him by a Jewish boy some poison in the mummy (shell) of an egg in form of a powder sewed in a thin leathern pouch, commanding him in an accompanying letter, on penalty of excommunication, to throw the poison into the larger and more frequented wells of Thonon. This he did. The same boy, he stated, brought similar messages to other Jews whom he mentioned by name and residence. He described the color of the poison as red and black. He believed this poison to contain a portion of the basilisk, because he had heard and felt assured that the above poison could not be prepared without it. Nine similar confessions, generally obtained after, at least short torture, are appended. Even Christians were suspected, arrested, quartered, flayed and hanged.

All respect for truth, law and order, secular or divine, had perished. No one would attend to his duties. Responsibility vanished. Violent fear of either disease or murderers or burglars controlled thought and action. Even after the "large mortality" had subsided in severity, recurrences, combined with continued warfare and pillaging and associated with natural disasters (famine, inundations, earthquakes, storms) prevented a rapid return to the normal and preserved terrible traditions in the public mind.

Into this period of physical and mental exhaustion falls the great epidemic of "Dancing Mania."

The malady appeared first in those districts in which wretchedness and want were most severely felt. Men, women and children were debilitated, bowels and other abdominal organs out of order from hunger and bad food.

It was in July, 1374, that the inhabitants of Aix-la-Chapelle were witnesses of the following spectacle: there appeared in streets and public places men and women, their heads adorned with wreaths, who formed circles, hand in hand, and without regard to anything else or any bystanders, danced in wild delirium for hours until they fell exhausted to the ground. They then groaned and suffered from abdominal pains and tympanites. This was relieved by swathing. Clothes were tightly bound round their waists, or bystanders simply jumped and trampled upon their abdomen. Delusions frequently followed and these generally took a religious character. Convulsions also occurred. From Aix-la-Chapelle the disease spread over the Netherlands and Belgium in various modifications, being reported from Liege, Utrecht, Tongres and other towns. But not only the participants were affected, but gradually the whole population through the attention that was paid to the dancers. Peculiar idiosyncrasies were shown. Dancers exhibited a morbid dislike to pointed shoes, red colours and weeping persons. An ordinance, therefore, was issued forbidding the making of any but square-toed shoes. A few months later the disease broke out in Cologne and about 500 persons took part in it in Cologne, 1,100 in Metz. It extended from a dancing mania to other wild enjoyments. Beggars, adventurers, vagabonds joined and exploited the movement for their livelihood and helped to spread the disease, unmarried women used it to satisfy their sexual desires. The disease gradually extended. In 1418 it appeared in Strassburg in magnified and extended proportions accompanied by musicians playing bagpipes; then slowly crept to Switzerland. Report has it that in Basle one woman kept on dancing for a month. Thus it went on, appearing here and there, sometimes abating, sometimes increasing in fury. In some instances persons danced themselves to the very last breath or dashed their brains against walls or rushed into rivers, all of them raving and fuming. A sudden shock, however, like falling over benches or chairs would often stop the paroxysm; thus some were cured or, after a rest, start anew or had periodic recurrences.

This epidemic, as it occurred from 1374 on, was not an entirely new phenomenon, but had been preceded by similar, if not so widely disseminated occurrences. They were all more or less related to religious fanaticism of one kind or another and religious superstitions. But the great epidemic of 1374 seems to have been precipitated by curious

heathenish customs, which in many Christian countries were preserved and transferred, after introduction of Chrisitan religion and holidays, to St. John's day. Bones, horns, other articles of refuse were heaped together in a great conflagration, while persons danced around it, carried the flame in circuit or even sprang through the fire. The secrecy with which these feasts were conducted in spite of priestly interdiction lent a particular excitement and flavor to them and these emotions were probably accentuated during the period of the plague. Thus also in the first appearance in Aix-la-Chapelle the name of St. John appears to have been referred to by the dancers. Hecker believes therefore, that the Festival of St. John, in 1374, brought to a crisis a long prepared psychic state, while cure for it was sought in appeals to St. Vitus who had acquired a great reputation as a helper or apothecary to the physically afflicted.

Similar customs to those practised in connection with St. John's holiday were retained by most nations of Europe and Asia and it is interesting that the dancing malady even made its appearance in the Christian part of Abyssinia where John was worshipped as its saint.

All countries have suffered more or less from similar strange dancing disorders. In Italy it assumed alarming proportions in the so-called Tarantism. This made its appearance first in Apulia and then spread over the whole of Italy, remaining epidemic for centuries. The first account of it has been given by Perotti (1430 to 1480). It was universally put down as caused by a particular spider and, although superstition with regard to its effects had existed long ago, it was again the physical and mental exhaustion by plague, erysipelas, leprosy, small pox, etc., which prepared the ground for a general sympathetic epidemic, through a morbid sensitiveness of the human mind. A general conviction spread that music and dancing distributed the poison through the body and expelled it through the skin. But if any poison remained, music would bring on renewed paroxysms. Thus regular feasts of Tarantula were established, the performances and crazy customs of which have been accurately described by an eye witness, Matthioli. All sorts of people and nationalities were affected by it, including Spaniards, Albanians, Gypsies, Negroes, and even deaf people, who could not hear the music, were, by sheer imitation of sight, infected. It continued to the Seventeenth century and then gradually declined.

In Abyssinia also there occurs in the Tigre country a disease called Tigretier. It consists of convulsive body movements, especially in women, which are excited by musical instruments—trumpets—followed by a wild dance, the performers being delighted while the music lasts, discontent when it ceases. It is generally preceded by a period of lingering body decline, poor nutrition and a stuttering speech. Catalepsy

may follow.

As very closely related to the Dancing Mania stand those common, fanatic public outbreaks which have persisted to the present generation. Generally of religious origin, they are sometimes based on other motives and made possible by a combination of strong abnormal environmental influences which upset the balanced mental equilibrium and allow rule of exaggerated emotions.

Only one or two shall here be mentioned on account of their general importance and interest. In 1727 there died in Deacon Paris an opposer of the Ultramontanists, after considerable discussion and division on the papal bull "Unigenitus." In September, 1731, a rumor spread that miracles occurred at his tomb. Individuals visiting it were seized with spasms and convulsions, acted like persons possessed and showed disturbed body and mental activities. An immense crowd from Paris went out to see this wonderful spectacle, which the two divided camps of ultramontanists and their opposers ascribed, the first, to Satanic, the second, to Divine influences. It gave rise in women to the first cases of "clairvoyance," which until then had not been known. One blindfolded woman attracted especial attention by being able to read writings before her and to distinguish the characters of unknown persons. The earth from the grave was supposed to exercise miraculous powers and was distributed among the sick. From that day dates the following couplet:

"De par le Roi, defense a Dieu
De Fair miracle dans ce lieu."

It was prompted by an order of Louis XV. to close the cemetery.

The actions of the afflicted were most peculiar: Patients would bound from the ground like fish, and women and girls, anticipating these movements in fear of infection put on special gowns, made like sacks, in order to prevent indecent exposures. Bystanders would beat them with wooden clubs, mallets, stones, swords, but generally without much effect, thousands of blows being sometimes inflicted without effect on a person.

Eventually the disease degenerated further into true insanity and idiocy. It lasted to the year 1790, and, like other spreading psychic epidemics, led to immoral practices and bewildering devotional exercises. Even during the excitements of the revolution it persisted in secret meetings.

Equally remarkable are the exhibitions of certain English and American psychic disturbances which may be noted to the present day. The sect of the Jumpers, founded in 1760, in the county of Cornwall, by two fanatics, collected a considerable party. By use of meaningless words they worked themselves into a state of frenzy and lost control of all reasoning. They then jumped with queer gestures until exhausted

and, beginning with a few, there resulted by visual infection wild orgies of whole assemblages.

Another, well known, example of psychic-infection is that of a Chapel at Redruth in which, during divine service, a man suddenly cried out "What shall I do to be saved?" He was followed by others, apparently in much bodily pain. Soon hundreds of people were thrown into the same state and the queer disorder advanced to the towns of Cambourne, Helston, Truro, Penryn and Falmouth. In every instance it was excited by these words, was associated with bodily pains, terrible convulsions and distortions and the afflicted cried out that they saw hell open to receive them. According to a moderate computation 4,000 people were, within a short time, affected by this complaint. A convulsive epidemic disease passing into catalepsy developing during public worship and public amusements has been recognized in the Shetland Islands for one hundred years. Cold water speedily relieves the spasms.

In the United States, camp meetings, their consequences and exploitations by adventurers are notorious and were especially in vogue during the middle of the last century. The descriptions of Huckleberry Finn and the advantage which one of the two imposters in the story took of the mental state of the attending crowd are not poetic exaggerations, but borne out by ample truthful evidence. The spreading disorder of the mind is here quite similar to that of all other psychic epidemics. Children especially are apt to suffer lasting harm and often retain weakened or perverse nervous systems through life.

One could multiply these and similar instances in all human communities to the present day.

But there exist other types of psychic epidemics which do not depend upon severe motor and sensory impressions and which, on account of a greater difficulty in fixing their physical expressions, are not so easily classified and recognized. I refer to epidemics of abnormal, exaggerated and fantastic, often absurd ideas merely through suggestion.

They also appear most prominent in times of, or following, great mental excitement, deprivations of all kinds, war, famine, fear and social disorder. They are most always objectivated upon something concrete, sometimes persons, sometimes non-living things. Adoration, love, admiration for, or fear, hatred, despite against them, are expressed. The importance and influence of such concrete objects is morbidly exaggerated; they are either brought into causative relation to all bodily ills and misfortunes from which a time suffers and a public hatred for their annihilation or destruction is cultivated; or, they are held to be the only salvation of a deteriorating world for realization of ideals which are proclaimed by meaningless catch words or phrases.[2] All critique, mental and moral restraint are lost and the public mind then resembles

2 In Goethe's words:—
"Denn eben wo Begriffe fehlen,"
"Da stellt ein Wort Zur rechten zeit sich ein."

that of the Roman Emperors during the period of Caesarean Insanity. Gross egotism rules; sympathy, feeling and tolerance of individual to individual give way to a general condemnatory and even hateful attitude to any one whose mentality shows better balance and restraint and respect for the opinion and feeling of others.

Blindly the mind collapses in morbid enthusiasm before an imaginary creation.

The history of the world is full of examples which demonstrate that the public mind is carried, especially in periods of excitement, entirely by suggestive force of sensual impressions and that enthusiastic infatuations spread by processes of sympathy with ever-increasing facility. In normal times when a more or less stable environment surrounds the people, these forces remain dormant in the mind, but during periods of stress, fear, jealousy, exhaustion, hunger, social unrest, etc., they lead to motor actions and are responsible for those strange and degrading acts of social abuses, which are found in a long series of irresponsible human performances, from senseless, inflaming oratory and absurd legislation to massacres and wild maniacal contortions, even self-destruction.

Their motive is removal or annihilation of the cause of the excitement and emotions and they relieve the accumulated tension and energy of the carriers through motor explosions.

And as the mental and moral eyes are blind to reason, reflection, restraint, so they are blind to self-criticism and the craziest and most disgusting selfish acts are executed under the benevolent cloak of public service, moral uplift and high ideals in a self-deceit and hypocrisy which, in their mass action, outstrip the cruel and demoralizing activities of the early Roman Emperors.

One word in conclusion: In the preface to the English translation of Hecker's monograph on the Plague, Babington, in emphasizing the importance of historic knowledge, expresses the belief that thousands of lives of persecuted Jews and Christians might have been spared, if at the time of the Plague it had been commonly known that the fairy tale of poisoning by a national enemy has recurred since the time of Tucydedes during all great catastrophes. A noble sentiment But—what a pity that it is not generally borne out by history itself. For history teaches that a keen understanding of the defects and weaknesses in another person and of another age is no safeguard or shield against the power of emotions which governs our own.

A STUDY OF 5,600 CASES PASSING THROUGH THE PSYCHIATRIC CLINIC OF THE TORONTO GENERAL HOSPITAL. A SPECIAL STUDY OF 188 CLINIC CASES—ALSO A SURVEY OF 767 CASES OF ILLEGITIMACY

BY C. K. CLARKE, M.D.

AS a rule many of those who become enthusaistic about social service matters find themselves dealing with generalities unsupported by facts, and frequently arrive at conclusions not justified by experience.

In the past we have had to draw on other countries for many of the figures on which to base theories, but since the advent of the Canadian National Committee for Mental Hygiene, advantage has been taken of the facilities offered by the Toronto General Hospital Psychiatric Clinic and its Social Service Department to collect accurate statistics.

Theoretically the statistics from the United States should parallel those of Canada, but a careful study of conditions and populations shows marked differences, as immigration has played such an important part in some Provinces, while it has not been a factor in others. Since the Psychiatric Clinic was established a few years ago something over six thousand cases have been investigated. Information in regard to all is not available, but fifty six hundred have been carefully classified. Of the 5600, 3274 were males and 2326 females. They came from different sources such as the Juvenile Court, Schools, Public Health Department, Societies of various kinds, Social Agencies, etc., but before the establishment of a psychiatric department in connection with the Juvenile Court the great majority were, so called, delinquents.

What does a careful study of these figures reveal? Surely the first thought to strike the careful student is the fact that prevention has not received the consideration it deserved.

PROSTITUTION

To begin with prostitution. Unfortunately the figures only tell a part of the story, as the male offender has not been studied and classified, for obvious reasons. In the first place what were these prostitutes?

A great majority of them were of school age when first becoming immoral, and were defective—some were insane. At all events, under a proper system of school inspection their defects could have been detected,and an intelligent line of care and treatment mapped out. What suffering

and vice would have been obviated by a rational direction of the indivdual at a period when treatment was possible! Unfortunately much of our social service begins at the wrong moment and aims only at cure after the damage is done. Prevention should be the slogan of all social service workers.

When describing these girls as defective, possibly this point should be clearly stated. Ordinarily the term mental defective is applied to those who measure low in the scale of intelligence, and do not reach a mental age of twelve, although their chronological age is much greater.

Under this heading may be grouped the majority of the prostitutes examined, although others showed their defect more particularly in want of ability to realize their social obligations, and exhibited defects in character that were sufficiently clear to the investigators.

Take the girls, for example, who could do the Binet Simon tests up to twelve or thirteen, but whose failure even under advantageous circumstances, to recognize the most obvious moral obligations, clearly showed the defect in their organizations. The class called High Grade Morons are the most amiable and difficult form of all the defectives to manage, and possibly the greatest menace to the community, as they are so often attractive in appearance, and plausible, to the ordinary observer. The sentimentalist always objects to any methods devised to control these weaklings, the experienced social worker knows that until such individuals are placed under constant supervision they will provide an endless chain of vice and criminality and will form the distributing centres of venereal disease. A perusal of clinic histories makes this plain.

Here are a few typical histories taken almost at random and without attempt to specialize on spectacular cases. They might be described as "run of mine" types.

CASE I

Jennie J. Age 19. Scotch. Single. Left school when between 15 and 16, but failed to pass the entrance. Jennie is attractive in appearance, of pleasing manner, but does not show the faintest evidences of possessing a sense of moral responsibility. To the ordinary observer nothing unusual would be noticeable; the trained investigator would soon discover her defects, mental and moral, and the Binet-Simon tests showed that her mental age was less than twelve.

She first worked in a biscuit factory, where she found the girls of pretty loose type, and at once commenced a life of immorality and prostitution. Like many of her class she earned small wages, did the simplest kind of work, and went from factory to factory with persistent regularity.

She was in a knitting mill, a doll factory, a pickle factory, in a

laundry, and many other places.

Was arrested for stealing and " sent down" for ninety days. While on the farm says she learned more of immorality than she ever knew before and it is evident from her statements and language that there was little about vice she did not pick up . Says she went with great regularity to all the dance halls, which, she states, are dens of iniquity. Thinks what she learned in dance halls was even worse than what she acquired at the Farm.

Is a typical high grade moron. Has had syphilis for a year and a half.

During her whole conversation was chewing gum, and did not show the slightest hesitation in telling her story. This girl's good looks make it difficult to save her from herself, and society from her evil influence as a distributor of venereal disease.

CASE 2

Maria P., 18, Can. Reached the Jr. III at school. Has been employed at many factories, etc., but never remained for any length of time in any one position. Became immoral at an early age, generally selecting foreigners, such as Greeks, Chinese, etc. as her companions, and lived a life of prostitution. Ran away from home from time to time going to such American cities as Rochester, Syracuse, etc. Her word is not to be depended on and her relatives are never certain of the truthfulness of any statement she makes. Has became careless about her dress.

Acquired syphilis in due course, and also became pregnant. Without knowing anything about a man she picked up , married him at a moment's notice. This man was not the father of the coming child, and is a notorious criminal.

The girl has some appearance of mental brightness, but a brief examination shows that her knowledge of even every day affairs is superficial. Could not tell the name of the Lake at Toronto, although she has lived here all her life. Thought Toronto had 30,000 inhabitants. Did not know the name of the Premier of the Federal Government, in fact never heard of such a position. Said she would like to have the opportunity to shoot her husband, nothing would give her greater pleasure.

Just why she had this feeling, she could not state.

This girl's mental age is nine, and she is, of course, a menace to the whole community.

CASE 3

Alice W. Age 20. Eng. Delicate until 10. Was so slow at school that she had only reached the Sr. 2nd at 14.

Her industrial career has been a varied one and she has been in many factories, packing chocolates, biscuits, etc. Gives a record of six factories in about the same number of months. Says she was always fired because she was so slow.

Had sexual relations regularly with her father when she was eleven, and afterward continued her immoral career with others.

Has little knowledge of things in general. Does not know the number of days in a year. Says an island is a body of water surrounded by land.

Laughed and giggled a great deal during the examination and enjoyed the experience.

Her mental age is less than nine.

CASE 4

Peggy Q. Age 22. Irish. Has been in Canada 15 years.

Three years in High School where she took a commercial course. Her occupations have been varied, and she has at different times been a telephone operator, clerk in a factory, waitress in hotels etc., her good looks and bright manner enabling her to obtain employment easily. Claims that she married when nineteen and lived with her husband but a few weeks. Became a mother but the baby died from some mysterious trouble, probably syphilis. During her brief married experience she met a "sporty gentleman" with whom she was frequently immoral, often spending week ends with him at hotels in different parts of Canada. Became pregnant in due course and when the baby was born it was found that both she and the child had syphilis. Her immoralities have been many, and while it is true that she can pass the intelligence (Binet Simon) tests up to twelve years, her defects in other directions are obvious. She frankly says she was simply "out for a good time" and had it. She has no feeling of shame, no worry about her condition, no anxiey as to what is to become of her and the child.

She has no money and is without plans for the future, no doubt realizing that as long as her good looks last she will not want for money.

Her emotional nature is of the shallowest description, and her character defects are so obvious that she must be classed as a moral defective.

Such a woman is a menace to society, as she is the type of prostitute so dangerous from the standpoint of the spread of venereal disease. Legally it is impossible to do anything to help her or society beyond curing her of syphilis.

NATIONALITY

The question of nationality is an exceedingly important one as theoretically, of course, in dealing with a number of people whose average is under twenty, the inference is that Canadians would predominate, and would constitute at least seventy-five per cent of the total. It is somewhat surprising then to realize that they only make up 43.8%, the British born alone amounting to more than 23%, other nationalities contributing the remainder. Such facts as these are startling and cannot be ignored by those who have the future of Canada at heart. The obvious lesson is that supervision of immigration was not as careful in the past as it might have been.

It is true that at present the methods of inspection at Canadian ports are infinitely better than they were, and since the advent of the Federal Board of Health there has been an intelligent effort made to scrutinize the mentality of those arriving, but the difficulties are great and the cost of such inspection is necessarily high. When it is realized though that practically every failure costs the country a large sum of money, it becomes apparent that the cheapest plan is to provide adequate inspection.

Every one admits that we must have immigration on a large scale, but it is absolutely essential that this immigration must be of the right type. It is a simple matter to show the price we pay for inspection.

Here is a case which illustrates our point. Maggie C., a young woman of thirty, came to Canada twenty-five years ago. Her history was, that she could not learn anything at school, could not read, and was not able to write her name. Had a pleasing manner though, and like many defectives had some manual dexterity, learning to sew very well.

She began to drink gin and Scotch whiskey at an early age and followed a life of prostitution, finally giving birth to a child. She developed an acute form of dementia praecox, and as she said, passed through every gaol in London as a result of her many escapades. Eventually was confined in a home for inebriates where she gave little trouble. The "Lady Superior" said that a colony was the place for Maggie, as there she would get the benefit of new associations and surroundings, so the poor girl was deliberately shipped to Canada, and a place found for her as a domestic. At the end of the month she received her wages which she spent on whiskey and gin, and was at once confined in the gaol, where her mental condition was recognized and she was sent to an asylun where she has remained ever since. In other words, at the end of a month's residence in Canada Maggie became a public charge. Figuring her maintenance at $350, per annum, a modest estimate, she has already cost the Province of Ontario $8750, and if interest were compounded and overhead charges compiled it is readily seen why such people are not a profitable investment.

This is only the material side of the question though, and if one thinks of the hundreds of such cases which might be referred to and the cost calculated the result would be a staggering blow to those who say "pump the population in" no matter what the individuals are like.

Another aspect though must be considered. The insane person generally gravitates to an asylum and ceases to be a problem except for maintenance; not so the mental defective of high type who is a curse to himself and the whole community.

The Provinces have had to take what they received, and while it is true the deportation act helped to lesson some of the evils, a brief glance at statistics compiled in the West during recent visits shows that all of the Western Provinces are carrying burdens to which they are not entitled.

There is little difficulty in weeding out the low grade defectives, and the obviously insane, but the problem of the high grade defectives, scientifically called morons, is by no means a simple one, as these people so frequently grade up intellectually to the twelve year old scale, and are not easily detected except by those who are familiar and experienced in psychiatric and psychological methods. These are the immigrants who are the greatest menace of all to the community as they are so frequently anti- social in their inclinations and invariably select mental weaklings of their own class as partners ,thus perpetuating the race of defectives . A careful study of conditions in Manitoba made it abundantly clear that this Province has among its recently acquired immigrants an alarming number of persons of the moron type, and the cost to the Provvince is a serious matter. From this class are derived petty criminals of all kinds, prostitutes in large numbers, and persons who are constantly keeping themselves and those who have to associate with them, in hot water. To illustrate the point, we were called on to examine thirty-three girls, under temporary detention. Practically all were unmarried mothers; many of them had followed prostitution as an occupation; a large proportion were morons, whose mental defects would escape observation under any but the most rigid system of examination supplemented by a careful study of their life histories. These morons were in many instances of attractive appearance, glib in their answers and as nearly all of their class, amiable and easily managed under proper supervision.

An investigation of their careers revealed the fact that they had been hopeless in their behaviour since early childhood, their lives had been wayward and unmoral, and their conception of right and wrong was conclusive evidence of their inability to conform to the ordinary demands of decency. Nearly all had been inmates of Industrial Schools, and had been little or no trouble while under supervision, but the moment they were set at liberty, reverted to their former habits and became centres for

the propagation of venereal disease and illegitimacy. In this class too, are to be found many of the people who commit the most serious of criminal acts, including murder.

All social workers are agreed that in connection with immigration the detection of the moron is of the greatest importance as he has the ability to do so much injury in the way of developing vice and criminality.

When the figures concerning illegitimacy are scrutinized it is at once obvious that the defective immigrant has played a most important role in adding to the burdens of a new nation. A study of 767 mothers of illegitimate children was made by the Medical Director of the National Committee for Mental Hygiene, and as these mothers were in nearly every instance residents of Toronto it became interesting to know what their nationalities were.

As far as can be ascertained 91.18% of the population of Toronto are British born, including Canadians, 61.71% were born in Canada, the others coming under the headings, English, Scotch, Irish, Welsh; in other words the Canadian born are almost double the number of British, and yet only 45% of the 767 mothers of illegitimate children were Canadians and 44.7% British. These figures are startling and yet tell their own story especially when it is discovered that more than 7% of these unfortunate girls were imported by child immigration societies. It is useless to attempt to dodge the facts, and when we realize that 68% of these mothers were abnormal mentally the necessity of the most rigid methods of inspection is at once apparent. These figures will be read with some doubt by those who have not come in contact with the problem in a practical way, but as a matter of fact they understate rather than exaggerate the actual conditions. The mental examinations of these girls were most carefully made, and wherever possible a full social history obtained, knowing that the conclusions would be questioned by those whose knowledge of the conditions surrounding illegitimacy is to a great extent theoretical.

ILLEGITIMACY

A special study of 767 cases of mothers of illegitimate children was made between the years 1914 and 1920. The figures tell an interesting and instructive story and furnish invaluable data concerning a question, the importance of which is not always clearly understood, even by social workers. It may be said that war conditions made the proportion of domestics higher than might have been the case under other circumstances. During the war people requiring help accepted servants of low mentality rather than go without, and were not quite so particular regarding the moral standing of those they engaged as they were prior to

1914. Possibly this was a factor entering into the question, yet the same arguments held good for years previous to this. It merely shows that some kinds of labour have ceased to be attractive to the bright and efficient types of workers.

Possibly the day of the domestic drudge has passed, and we have now reached a period of readjustment requiring some action on the part of the employer and employee. When it is remembered that the great majority of the domestics examined were mental defectives it is not difficult to understand the reasons why they fell such easy victims and suffered so regularly. It was surprising to learn what high wages some of the lowest of the mental weaklings were receiving, the inference being that the reaction against household drudgery involves a great many of the heads of households who are willing to pay high rates for any kind of help.

The 767 mothers added no less than 917 children to the population, and it goes without saying that many of this number will be defectives, again increasing the tribulations of an already overburdened community.

Mental defect and illegitimacy go hand in hand no matter what may be said to the contrary, and the fact that 68% of those examined were abnormal should convince the most critical of the truth of the contention. Theorists maintain that these figures are too high, but it may be asserted most positively that if they err it is on the side of understating rather than exaggerating the facts. It is even asserted that the normal types fight shy of institutions and suffer in silence, but our experience does not enable us to accept such a theory without hesitation.

OCCUPATION

As will be readily understood the great majority of the cases coming to the Clinic were of school age, but of those who were employed it is significant that no less than 366 were factory operators. The question of occupation was not as carefully gone into as it might have been until a recent date, hence the percentage is much lower than would have been the case had a more deliberate study been made. That this is true is proved when a scrutiny of the figures from February 1st, 1921, to April 22nd, 1921, is made. During that time the factory workers numbered 52, or more than 27% of the whole, and the domestics 21, almost 9%. The individuals were females, and as the number of females was 117, the percentage furnished by the factory workers was 44%, and the domestics almost 18%.

What our experience has taught us, is, that no more fertile field for investigation exists than that furnished by factory workers of certain types, where small wages and simple occupations go hand in hand.

As may easily be understood from what has been said in other sections of this Bulletin immorality is rife in such centres. The explanation is not the one ordinarily offered, viz., that the low wages paid are the cause of the immorality, the truth being that the mental capacity of the wage earners precludes them from receiving more than they are paid. It is one of the economic problems not clearly understood by those not in possession of the facts. In a sense it is well that these weaklings can earn something, but it is also apparent that they should be under the most rigid and careful supervision, and that social service should recognize that here prevention has a true place. The facts supplied by the investigations in the clinic make it evident that intelligent effort in the line of prevention is desirable, and a careful survey of factories of the kind mentioned would reveal a state of affairs that will make plain certain truths already well known in the clinic.

What has been done in the past is simply to theorize, to criticize the employers who pay small wages for inefficient help, and to attribute immorality to causes which play but a little part in the failure of the mental weaklings. What social service must do is to accept the facts offered them to co-operate with the employers in bringing about the necessary changes and to aim at preventing the tragedies which may easily be forestalled by intelligent action. Incidentally it may be said that the spread of venereal diseases may be greatly curtailed by a proper supervision of these factories as the operators furnish a large proportion of the "joy riders" and "night hawks" who infest the country roads and streets after dark.

OCCUPATIONAL WANDERERS.

As was to be expected the Occupational Wanderers were many, but the statistics concerning these are by no means complete as it is only recently much attention has been paid to a phase of what will prove an interesting study. This group comprises of course the failures in industry who wander from pillar to post, failing everywhere through inefficiency, resulting either from low mentality or mental disease. No less than 30 "occupational wanderers" were found in the 188 cases studied recently.

This question of "occupational wanderers" will receive careful scrutiny in the future, and will prove of value to the student of industrial conditions etc.

WHAT THE FIGURES TEACH

From the statistics it is possible to arrive at some conclusions regarding the possibilities of prevention and to point out the duty of those workers who are endeavouring to grapple with the young problems re-

quiring attention. It is only too evident that prevention is the last rather than the first thing thought of by the average man. He is only interested in knowing what to do with the delinquent, for example, when he has committed his offence. It does not occur to him that the rational plan would be to so guard and direct and educate the mental weakling when found, that he will not fall by the wayside. It is difficult to upset the traditions of centuries but such facts as those presented must have their effect on the reflective mind.

An immense amount of time and study were devoted to getting the statistics together, but they will prove invaluable as a nucleus and will no doubt inspire true social reformers to greater efforts.

Appended are the figures in connection with the survey.

ILLEGITIMACY

Total number having illegitimate children	767
Canadians	45.4%
British	44.7%
Others	9.9%

Of these, 692 are single; 75 are married.

AGES

24 and under	5
25—20	250
10—25	301
35—30	98
10 and over	73

OCCUPATIONS

Domestics	373—48.6%
Factory	152—19.6%
Waitress	49—6.3%
Telephone operators	14—
Shop girls	43— 5.6%
Stenographers	14—
At home	43— 5.6%
Dressmakers	11—
Others	68—

ILLEGITIMACY

With 1 illegitimate child	652
With 2 illegiitmate children	84
With 3 illegitimate cchildrn	28
With 4 illegitimate children	2
With 5 illegitimate children	1
Total number of illegitimate children	917

VENEREAL DISEASE

Syphil.is	64
G. C.	12

DIAGNOSIS

Mental Defective	444
Dementia Praecox	16
Normal	54
Dull Normal	8

Borderline	1
Not examined	244

68% of those examined proved abnormal mentally.

7.1% of the unmarried mothers were imported by child immigration societies.

STATISTICS FROM PSYCHIATRIC CLINIC—FEBRUARY 1ST, 1921 TO APRIL 22ND, 1921 (1 TO 188)

Number of cases examined	188

SEX

Male	71
Female	117

SOCIAL STATE

Single	152
Married	33

AGES

1—5	0
5—10	20
10—15	30
15—20	49
20—30	44
30 up	41

NATIONALITY

Canadian	110
English	47
Irish	5
Spanish	1
Russian	12
Scotch	7
U.S.A.	4
Austrian	2
West Indies	2
Newfoundland	1

NATIONALITY OF FOREIGN BORN PARENTS HAVING CANADIAN CHILDREN.

FATHER

Irish	4
English	9
Russian	1
Scotch	2
German	1
Dutch	1

MOTHER

Scotch	3
French	1
English	11
Irish	6
Russian	1
German	1

OCCUPATION

Domestic	21
Factory	52
Waitress	4
Clerk	6
Milliner	1
Tailor	1

Porter	1
Carpenter	1
Labourer	3
Stenographer	1
Artist	1
Contractor	1
Mechanic	1
Dancer	1
Hairdresser	1
Telephone Operator	1
Engineer	1
OCCUPATIONAL WANDERERS	30
FAILURES IN INDUSTRY	34

SOCIAL HISTORY

Immoral	59
Prostitute	37
Syphilis	16
G. C.	6

ILLEGITIMACY

With 1 illegitimate child	28
With 2 illegitimate children	8
With 3 illegitimate children	2
Sent by child immigration societies	9

DIAGNOSIS

Mental Defectives	101
Mongolian	2
Borderline	3
Mental Deficiency plus Dementia Praecox	2
Dementia Praecox	30
Psychopathic	5
Involutional Melancholia	5
Cerebral Syphilis	1
Manic Depressive Insanity	3
Senile Dementia	2
General Paresis	3
Normal	10
Deferred	2
Precocious	1

RECOMMENDATIONS

Recommended for institutions	33
Recommended for deportation	12
Special Class	3

STATISTICS FROM PSYCHIATRIC CLINIC, APRIL, 1914, TO APRIL 22ND, 1921

Total number of cases examined	5600

SEX

Male	3274—58.4 %
Female	2326—41.6 %

SOCIAL STATE

Married	1596—28.5 %
Single	3962—71.5 %

AGES

1—5	212— 3.7 %
5—10	816—14.5 %
10—15	1788—31.9 %
15—20	699—12.5 %
20—30	810—14.5 %
30 up	854—15.2 %

SOCIAL HISTORY

Immoral	928—39.8 %
Prostitute	693—29.8 %
Syphilis	258—
G. C.	112—

ILLEGITIMACY

With 1 illegitimate child	213— 9.1 %
With 2 illegitimate children	88— 3.7 %
With 3 illegitimate children	19— .81%
With 4 illegitimate children	2—

NATIONALITIES

English	997—17.8 %
Canadian	2456—43.8 %
Irish	110— 1.9 %
Italian	84—
Danish	2—
Scotch	206— 3.6 %
Austrian	31—
Russian	261— 4.6 %
U.S.A.	161— 2.8 %
Greek	7—
Bermuda	2—
West Indies	13—
Roumania	10—
Welsh	17—
German	6—
Assyrian	1—
Finland	11—
Norwegian	3—
Australiano	2—
Newfoundland	12—
French	6—
South African	4—
Dutch	2—
Phillipines	1—
Macedonian	2—
Maltese	2—
Siamese	1—
Spaniard	2—
Swede	1—
Jamaican	5—
Hungarian	1—
Serbian	2—
Belgian	1—
Chinese	2—
India	1—
New Zealand	1—

OCCUPATIONS

Domestic	113—

Factory	366—
Waitress	19—
Clerk	6—
Milliner	1—
Tailor	1—
Porter	1—
Carpenter	1—
Labourer	3—
Stenographers	9—
Artist	1—
Contractor	1—
Mechanic	1—
Dancer	2—
Hairdresser	1—
Telephone Operator	6—
Engineer	1—
Teacher	1—
Actress	1—
Nurse	3—
Soldiers	357—

DIAGNOSIS

Mental Defectives	2948—	52.6 %
Mental Deficiency plus Dementia Praecox	43—	.76%
Borderline	49—	.87%
Backward	63—	1.12%
Mongolian	18—	.32%
Dementia Praecox	686—	12.2 %
Manic Depressive	63—	
Senile Dementia	46—	
Neurasthenia	7—	
Hysteria	1—	
Alcoholic Insanity	30—	
Exhaustion Psychoses	1—	
Involutional Melancholia	19—	
Toxic Insanity	2—	
Traumatic Insanity	5—	
Psychopathic	64—	
Hypochondriac	4—	
Cerebral Syphilis	1—	
General Paresis	60—	
Drug Habitue	1—	
Epilepsy	64—	
Chorea	5—	
Cretin	1—	
Normal	1023—	
Precocious	1—	
Dull Normal	4—	

Wanderers in occupation	128
Sent through child immigration societies	98

WHAT CAN A STATE HOSPITAL DO TO HELP IN THE STRUGGLE AGAINST SYPHILIS?

BY AARON J. ROSANOFF, M.D.

King's Park State Hospital, King's Park, N.Y.

1. Introductory Remarks

During the fiscal year ending June 30, 1920, there were 642 first admissions to this hospital. Of these 90, or 14%, were cases of cerebral syphillis or general paralysis, i.e., cases due directly to syphilitic infection.

This hospital draws from a population district which is partly urban and partly rural, contains native and foreign elements, white and colored, and may be considered a typical American district. The part played by syphilis as an etiological factor, as shown by these figures, may also be considered typical for the entire country. *A state hospital, therefore, is forced to take an active part in the struggle againts syphilis.*

Recently this hospital has perfected its organization for that purpose; the matter has been given considerable thought; and the object of this communication is to give a description of our organization for the consideration of those who may be planning to undertake similar activities.

Our work presents two phases: intramural and extramural.

2. Intramural Activities

The cases of syphilis which are met with among state hospital admissions may be classified as follows:

Systemic syphilis
- latent.
- active.

Neurosyphilis...
- mesoblastic ("cerebral syphilis").
- parenchymatous ("general paralysis").

As regards *latent systemic syphilis*, the main point is that it can be brought to light only by means of routine Wassermann tests practised in all cases admitted to the hospital. There is, as a rule, no etiological connection between the syphilis and the mental disorder in such cases.

However, they receive antisyphilitic treatment on general principles, and, in event of parole, provision is made for continuance of such treatment extramurally.

As regards *active systemic syphilis*, it need hardly be said that they too receive prompt, vigorous and persevering treatment, although in such cases too there is no etiological connection between the syphilis and the mental disorder.

Turning now to *neurosyphilis*, and confining our attention for the moment to cases of *mesoblastic invasion*, we find, as the most significant of recently discovered facts, that (1) such invasion occurs in a high percentage of cases early in the course of the infection, namely, in the primary and secondary stages, and (2) it may exist without giving rise to nervous or mental symptoms, or may manifest itself by slight, vague, or transient symptoms, so that there is danger of its being overlooked.

The practical bearing of these facts is that all cases of systemic syphilis, latent or active, should be, at some time in the course of their treatment, investigated by lumbar puncture, in order to dispose of the question of possible invasion of the central nervous system; and that no case of syphilis can be discharged as cured until not only the clinical and blood serum findings have been rendered persistently negative, but also the spinal fluid findings.

We now come to the consideration of *neurosyphilis* caused by *parenchymatous invasion*, i.e., general paralysis. In this connection the question is perhaps to be formulated as follows: Considering all past experience, which is discouraging, should such cases receive anti-syphilitic treatment at all? In my opinion the answer must be in the affirmative, mainly for the following reasons:

(1) It may now be considered as in the highest degree probable that all cases of neurosyphilis are, in the beginning, cases of mesoblastic invasion. Parenchymatous invasion is a later event, and there is no way of knowing the exact time of its taking place. Early in the course of neurosyphilis it is impossible to differentiate in all cases with entire certainty between mesoblastic and parenchymatous invasion either by means of clinical or serological findings. Even apparently advanced cases with manifestations seemingly pointing to mental deterioration may be cured by anti-syphilitic treatment, thus proving, in the end, to be cases not of parenchymatous but of mesoblastic invasion, in which temporary confusion was, in the mental examination, indistinguishable from established deterioration. Treatment is, accordingly, indicated, partly as a further aid in differential diagnosis, but mainly to give the patient the benefit of any existing doubt.

(2) Just as all cases of neurosyphilis are in the beginning cases of mesoblastic invasion, so all those known to us as parenchymatous in-

vasion are not such pure and simple, but are cases of parenchymatous invasion plus an admixture of an unknown amount of mesoblastic invasion as well. In a given case it is not possible to determine either by clinical or serological examination how great a part of the symptom-complex is attributable to the parenchymatous invasion and how great a part to the mesoblastic invasion.

It is a characteristic feature of mesoblastic invasion to show extremes of variation in clinical manifestations in different cases; also, from time to time, in the same case. Remissions in general paralysis, whether occurring spontaneously or following anti-syphilitic treatment, are probably attributable to abatement in intensity of that part of the pathological process which is dependent on mesoblastic invasion. This is borne out by the experience of all those who have attempted anti-syphilitic treatment in general paralysis; such experience having uniformly shown that remissions in general paralysis are far more frequent in treated than in untreated cases.

It may, therefore, be judged that, contrary to the view generally held but a few years ago, cases even of undoubted parenchymatous invasion can be benefited by antisyphilitic treatment, although we must still consider a cure to be entirely out of the question. Moreover, there is no way of knowing in a given case the amount of benefit to be expected, except by an actual test or treatment.

Accordingly, every case admitted to this hospital and diagnosed general paralysis receives, like other cases of syphilis, at least one course of antisyphilitic treatment.

3. Extramural Activities

These are carried out by a member of our Social Service Department, under the direction of a medical officer, and in connection with our Out-Patient Clinic.

The object is to induce the immediate relatives (wives or husbands and children) of syphilitic patients in the hospital to call at our Out-Patient Clinic for the purpose of having blood specimens taken for the Wassermann reaction. In cases of positive reaction free treatment is given. When indicated, lumbar puncture is performed in the patient's home.

The social worker, in calling on patients' relatives, is armed with the following letter from the hospital:—

Dear Sir or Madam:—

The Social Service Department of this hospital has recently undertaken activities for the prevention of syphilitic disease of the nervous system.

This and other similar institutions admit annually hundreds of patients suffering from mental disease arising from syphilitic infection acquired many years prior to admission. Many persons acquire such infection innocently, many others inherit it from the parents and are born with it. Whether acquired or inherited, such infection may exist without producing noticeable or marked symptoms and without the patient, therefore, being cognizant of it.

Early and thorough treatment of syphilitic infection can prevent the development of nervous and mental complications which eventually arise in a large percentage of untreated cases. Once such complications have arisen, the chance of cure is greatly reduced, and many cases run a progressive course towards a fatal termination in spite of all treatment.

Among the immediate relatives of patients suffering from general paralysis (softening of the brain), cerebral syphilis, and other syphilitic diseases of the nervous system there are a good many cases of syphilis without noticeable symptoms. In order to bring such cases to light and to place them under proper treatment it is advisable for all the near relatives of such patients, viz., wives, husbands, and children, to have the blood examined for the Wassermann test for syphilis.

Our hospital undertakes, for the protection of patients' relatives, the work of performing blood tests and instituting treatment, whenever necessary, at our Out-Patient Clinic, free of charge, for all those who are unable to arrange for similar service thru the family physician. Such examinations and treatment would cost any one a good many dollars, but this hospital is planning to do it at its own expense as a part of its work in the prevention of mental diseases.

All the information collected by us will be treated as confidential, in strict accord with professional etiquette. Our aim is not to pry into matters of strictly personal concern, but to preserve the health of those who might otherwise be threatened with serious ill-health sooner or later

If among the immediate relatives of a hospital patient one is found in whose case the Wassermann reaction is positive, then all the members of the family are subjected to an intensive investigation. For this purpose blank forms are used which have been suggested by Dr. George H. Kirby, Director of the New York State Psychiatric Institute. These forms are reprinted herewith. It will be noted that special forms are provided for men, women, and children. It is hoped that eventually there will be an accumulation of records from which useful information will be available as to the manner in which syphilitic infection spreads in families and how its spread might be prevented.

We believe that just as we have witnessed the dwindling of the incidence of alcoholic psychoses to an insignificant percentage among our admissions, so it is possible, by appropriate activities, in which a state hospital can participate, to reduce the incidence of psychoses of syphilitic origin.

MAN

No.....

Name of patient in K.P.S.H.....
Date of admission.....
Name and address of informant.....

1. Name of person studied.....Relation to patient.....
2. Address.....Age.....
3. Nativity.....Time in U.S.....Civil condition.....
4. Number of marriages.....
5. If divorced or separated, give reasons.....
6. Number of children.....(state names and ages—indicate if illegitimate or by former or present marriage).....
7. What was sexual life before marriage and during widowhood?.....
8. Extra marital relations during married life; details.....
9. Has wife had syphilis?.....
10. Has he had syphilis?
    A. When contracted—age or date?.....
    B. How contracted—prostitute, friend, wife, extra-genital?.....
    C. Has he had gonorrhoea or a discharge?.....
    D. When was diagnosis of syphilis made?.....
    E. How was diagnosis of syphilis made—clinically—Wassermann Reaction?.....
    F. What symptoms of syphilis has he had and when did they first appear?.....
11. Has he been treated for syphilis?.....
    A. When—ages and dates and for how long?.....
    B. Where—(clinic or hospital) or by whom?.....
    C. Character of treatment?.....
12. Report of Wassermann Reaction on blood—Dates?.....
13. Report of examination of cerebrospinal fluid—Dates?.....
14. Mental status (Physician's observation).....
15. Physical status (Physician's observation).....
16. If dead, give age, or date and cause, of death.....
17. Remarks.....

.....Social Worker.

Date.....

WOMAN

No.....

Name of patient in K.P.S.H.....
Date of admission.....
Name and address of informant.....

1. Name of person studied.....Relation to patient.....
2. Address.....Age.....
3. Nativity.....Time in U.S.....Civil condition.....
4. Number of marriages.....
5. If divorced or separated, give reasons.....
6. Number of pregnancies.....(miscarriages, still births, living children—arrange chronologically giving dates, also names and ages of living children—indicate if illegitimate or by former or present marriage).....
7. Before marriage, mode of living, social activities, sexual life, occupation and source of income.....
8. During widowhood, social activities, sexual life, occupation and source of income.....
9. Extra-marital relations during married life—details.....
10. Illnesses—especially obscure or ill-defined sicknesses.....
11. Has husband had syphilis?.....
12. Has she had syphilis?.....
    A. When contracted, age or date?.....
    B. How contracted, friend, husband, extra-genital?.....
    C. Has she had gonorrhoea?.....
    D. When was diagnosis of syphilis made?.....
    E. How was diagnosis of syphilis made?—clinically or Wassermann Reaction?.....
    F. What symptoms of syphilis has she had and when did they first appear?.....
13. Has she been treated for syphilis?.....

A. When—ages and dates—and for how long?.....
B. Where—(clinic or hospital) or by whom?.....
C. Character of treatment?.....
14. Report of Wassermann Reaction on blood—dates?.....
15. Report of examination of cerebrospinal fluid—dates?.....
16. Mental status (Physician's observation).....
17. Physical Status (Physician's observation).....
18. If dead—give age or date and cause of death.....
19. Remarks.....

.....Social Worker.

Date.....

CHILD
No.....

Name of patient in K.P.S.H.....
Date of Admission.....
Name and address of informant.....

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1. Name of person studied.....Relation to patient.....
2. Address.....Age.....
3. Nativity.....Time in U.S.....Date of Birth.....
4. Condition at birth and early history:
   A. Normal or abnormal—if abnormal, state in what respect.....
   B. Signs of syphilis (rash, eruption, sores, snuffles, eyes, sore, discharging, ulcer, vision, hearing, marasmus, meningitis, skin wrinkled, appearance of an old man, convulsions).....
   C. Well, sickly, or delicate—details.....
5. Development during first 2 years:
   A. Age cut teeth..... B. Age talked.....C. Age walked.....
   D. Did child appear bright.....
6. Illnesses (Diseases, age, suration, treated in home, in hospital, was a physician consulted, did child recover—has child a nervous disorder).....
7. Physical development—(Are there any striking abnormalities or defects present? If so, describe; age, when appeared).....
8. Mental development:
   A. School history (Age attended and stopped, grade reached, if left school before graduation, why—were classes repeated, why—is the child bright?).....
   B. Social history (What can be said about the disposition of the child, does he play like other children—if different from other children, in what way, does child show any delinquent or criminal tendencies or traits—has child any bad sexual habits?).....
9. Is child feebleminded—give details.....
10. Economic history (In children who have left school—give occupation—efficiency, duration of positions—reasons for changing).....
11. Has child had syphilis?.....
    A. Congenital or acquired..... B. How and when acquired.....
    C. When and how was diagnosis made, clinically or Wasserman Reaction?.....
    D. What symptoms of syphilis has child and when did they appear?.....
12. Has child had treatment for syphilis?.....
    A. When—ages and dates—for how long?.....
    B. Where (clinic or hospital) or by whom?.....
    C. Character of treatment?.....
13. Report of blood Wassermann Reaction—dates?.....
14. Report of examination of cerebrospinal fluid—dates?.....
15. Mental status (Physician's observation).....
16. Physical status (Physician's observation).....
17. If dead, give age, date and cause of death.....

In adult children or offspring inquire if married and get data concerning wife or husband and children)

.....Social Worker.

Date.....

DEMOCRACY AND MENTAL HYGIENE

BY WILLIAM D. TAIT, PH.D.

IT is a truism to say that it is the duty of leaders to lead. There is one aspect of democracy as practised to-day which appears to prevent true leadership. This defect is not inherent in the democratic principle itself but appears to have been accepted in some way or other and has, to a certain extent, become a tradition in democratic countries. Men who are elected to represent the people in deliberative assemblies do not regard themselves as leaders of the people, nor do the people so regard them. Those deputed to enact legislation, therefore, consider themselves as bound to follow the immediate will of the people and do not think that they should lead the people onward on a higher and more developed form of the peoples own will.

This attitude, both on the part of people and representatives, hinders democracy from coming to its own and reaching higher than average political mind. It prevents democracy from rising above the present level and producing aristocrats in the true sense of the term. In a word, it prevents democracy from finding leaders. The state is thus left to struggle blindly on without expert guidance. Those chosen by democratic methods, and this is where the true meaning of democracy lies, should keep in view that they are chosen to make progress—not to follow the mass, but to lead. The people, too, should so regard those whom they themselves place in authority. They are there to represent the people on the road of advancement. All cannot be leaders for then there would be no leaders. Democracies differ from absolute monarchies, tyrannies, oligarchies in that the people choose who shall lead. It should not necessarily follow from this that those selected are to consider themselves as mere agents. No business could be run on the principle that the president and the directors were to be merely the echoes of the shareholders. On the contrary, they are placed in office to advance the interests of the company and it is this point of view which has been lost sight of in affairs of state. This is the reason why state activities are so often behindhand. Men at the head of affairs wait until the mass has begun to move and have either forgotten that they are supposed to lead or are too timorous to do so. It may be that the desire for office accounts for this attitude on the part of legislatures, but it does not account for it on the part of the people. This weakness in democratic affairs can be easily remedied if only men of courage, vision, high-minded ideals, and unselfishness are selected to direct. The reason that such are so in-

frequently elected is a serious indictment upon our civilization, a symptom that the dearth of leaders in civilized countries is to be attributed to a lowered state of intelligence and enlightenment.

The individual and his merits are lost in the mass of opinions, and hence one of the greatest problems of the time is to find the individual. In past ages, the individual was prominent to the exclusion of the many. To-day, the many is prominent to the exclusion of the individual, and there has been lost the secret of finding leaders in state affairs. Private concerns find no such difficulty for the worth of the individual is recognized by an intelligent group. Not so with the mass of the people. If democracy would move forward to an aristocracy of worth, some elimination must take place in order that the stupid, or those unable to exercise the rights of citizenship, will not have a voice for control. In order that democracy be fully actualized, it must devise a method of choosing leaders on the part of the people and a realization of those so chosen in what their duty consists. After all, a country is great because of its great men. That few of them are found in the direct governing of the country is a reflection on democracy and evidence that the principles of this great movement are not yet appreciated by the mass.

During the last few years, groups have grown up, or perhaps they have become more manifest. This aspect of our political life is detrimental to any democracy. When a seat in parliament represents any one group, then we are back to the days of oligarchy and not necessarily an intelligent or moral one. By this means certain groups are undermining the very principles of democracy, because the political strife is really a battle between the various groups and not one of general welfare to the country. What greatness and accomplishment has taken place in the world has been due to the labours of great men, not of great groups. Consider the progress in science, in art, in literature, in religion and it all harks back to the contribution of individuals. Individualism in the old sense is dead, but we require a new individualism to-day, else we perish. To save democracy we must save the individual from the tyranny of the mass. If democracy is to be true to its own faith, if it is to govern in such a way as to give all possible opportunity to all men in accordance with their talents, then it cannot afford to lose sight of the fact that the individual must be preserved for the attainment of this ideal.

It may seem a far cry from leadership and democracy to mental hygiene. Yet it will be found that they are intimately connected, for our government is but the reflection of the average mentality of our people and if this is lowered by bad stock or weakened by too much pampering legislation, then we shall lack the ability to produce leaders and even those who are fit to be leaders will have their task made an impossible

one by reason of the low degree of intelligence or absence of moral stamina. The most important thing in this world is the human mind. The human mind is the real conqueror of nature. The human mind gives us the rich world of imagination portrayed in literature, art and folk-lore. Our chief aim, then, as a race should be to produce the highest type of mentality and insure that it is immortalized from generation to generation by being associated with an equally superior body. From the racial and long distance point of view, mind cannot exist and function without body. Racially, a superior mind can only exist in conjunction with a superior body. If the mind alone is developed, the very ideal set before us is defeated for the body will be weak and a brilliant mind will cease when a certain body perishes. If the body had also been developed, the mind would have become an inheritance. History shows us that it is the physically stable races which survive; therefore, the preservation of healthy minds and the accumulation of such minds as a racial acquirement depends on an all round development—body and mind together.

It would appear that in the present era of western civilization there is too much maternalism. Some use the term paternalism but the attitude is too soft, tender and almost flabby to be designated by a masculine term. Due to this attitude the unfits, misfits and ineffectives are kept alive, nourished and protected as a Christian virtue although one fails to find good scripture as its basis, but rather the reverse. This class of worse than drones are allowed to multiply and multiply they do. By defeating the law of natural selection, feeble minds and feeble bodies are allowed to come into existence, allowed to reproduce their kind and thus lower the general well-being. In a sterner and more virile sort of society this does not happen. These people are not contributing to the good or betterment of the world, but rather they make many hideous and baffling problems. We not only tolerate them, but support them because of a false interpretation of what is meant by racial hygiene. In former times, many factors played a part in the elimination of the unfit in mind and body such as exposure, syphilis, alcohol, war, etc. On the whole, only the more rugged survived, that is, those who could resist temptation or had the intelligence to protect themselves from dangers. Now all things are changed and instead of looking after ourselves we look after one another. No longer do self-denial, self-restraint, temperance, initiative and aggressiveness count. We cannot do evil even if we wished. Our civilization has become one great comfy hostel where there are no dangers, no temptations, a place where the sterner qualities are no longer cultivated because they are no longer necessary in the struggle to live, for there is to be no more struggle if the weaklings have their way. Mediocrity controls. The fit still survive but the unfit still more survive, and the time, the energy, the intelligence and the

moral forces of the intelligent part of the community are wasted in caring and protecting these unfortunates. Thanks to our mistaken, unscientific and unoriented social welfare schemes, the drones and wastrels of society are on the increase and in proportion as they increase will the fit be hindered and impeded on the path to knowledge, truth and betterment.

Prevention is a fine ideal but usually it does not commence its activities far enough back. A portion of the child welfare activities which we hear much about should not be necessary. For example, many communities boast of a low infant mortality rate. This can be accounted for in two ways. In the first place, if the community is intelligent, of course the infant mortality will be low. The birth rate may also be low but there is a greater care for the young. In fact, this holds true as we rise in the scale of intelligence throughout the animal kingdom. In the second place, the infant mortality rate may be lowered by caring for the offspring of those who cannot care for their own. In other words, the rate is lowered in many cases by saving the children of the less fit. It follows then that an artificially lowered mortality rate is not necessarily an index of high community intelligence or morality. It does indicate a tender spirit towards the weaker and helpless and is good in so far as it does not detract from our racial integrity and worth or weaken the racial fibre. If the care of infants means the survival of ineffectives, then such activities have the tendency to lower our national standards in education, government and the higher things of life. It is well that social workers should ponder over this fact.

This brings us to discuss politics and mental hygiene in a closer sense. In proportion as we allow certain types to reproduce and then foster them, just in so far are we lowering the general intelligence of the nation. These people have the vote just as the best. They may have money or they may not. One thing is certain—they do not stand for the highest and best international life. Yet our reformers are out to protect them because they cannot protect themselves. Society will never be reformed or reconstructed or made better by protecting those who do not wish to protect themselves or their own. Society may be made more comfortable but that is not an ideal for men with red blood in their veins. A civilization from which all the risk, chance and zest have been bleached has no appeal except to the moral or intellectual weakling, to the one who has not the courage to face the realities of life and by striving live and find himself. A civilization without opportunity for aggressiveness, without, if you like, the possibility of perishing or going to the devil, has nothing to offer to the normal or superior man with instincts and impulses demanding expression. A cut and dried prayer meeting sort of society does away with the individual and his worth, and swamps him

in a muddle of maternalistic patter and subnormal reactions to environment. An aseptic society is not necessarily progressive.

Leadership, then, in the true sense of the term can only come about by substituting something for the law of natural selection. Great men can only be begotten by great men. Leaders in any sphere of life are not produced by environment, although it may furnish the opportunity. If we permit the racial stock to be impoverished, then we lessen the chance of, or forbid, the birth of leaders. Even if they are on occasion born, their efforts are to a certain extent nullified by the subnormals. In a word, by softening our civilization we are depriving ourselves of the possibilities of leaders, or, to put it otherwise, we choose mediocrities in their place. It would seem that the intelligence of mankind and the scientific results of that intelligence have been applied towards sustaining those who have small survival value. Intelligence thus directed is self-destructive and is proceeding along the path of racial extinction. Plato was right when he argued that the state should be governed by the philosophers and not by the rabble. The same problem is facing us to-day as faced Greece in the time of Plato. His advice was not followed and he who runs may read the consequences for us.

Some of the mistaken beliefs which are so prevalent to-day are due to the very evident trend to view all reforms and attempt the solution of all social problems from the economic point of view. The whole industrial situation is regarded as exclusively economic and the political efforts are really secondary to the economic. Even if all these so-called remedies were applied there would still be an "industrial situation." Here, too, is found, as in other aspects of the social fabric, the abnormal desire to overprotect the weaker brother. The ineffective workman is guarded by his more skilled and effective brother and to that extent lessens his service both in amount and in quality. The measure of service is the measure of the unfit, not of the fit. Thus it happens that the low grade workman is economically the equal of the superior workman, and the latter wonders why he must pay high taxes to support fleets and armies. In this he fails to see that it is those same fleets and armies which enable him to live, for otherwise he and his weaker brother would be replaced by the cheaper labour of those people whose standard of living is lower than ours. Our scale of living costs more than it should, but the cost is due to the manner of regarding the ineffective. What applies to the workman applies with redoubled emphasis to the wealthy loafer and ineffective, who has inherited his status instead of earning it. The whole question is much deeper than economics or politics.

Until our people as a whole give up the notion of ultra protection to the defectives, weaklings and ineffectives generally, or, at least prevent them from interfering with those who construct, until we stiffen

the national backbone and put an end to social patchwork, there appears little hope for improvement. Human nature of the right kind will reconstruct itself if left to itself. The intelligent and moral people of the nation require no reconstruction. The many organizations aiming at the more comfortable world are really making mankind less resistant and thereby lessening the power of survival. We need leaders and leadership, but we are defeating our own purpose by preventing the exercise of those natural laws which eliminate the unfit. Am I my brother's keeper? Yes, by preventing the necessity of calling him a brother, by keeping him in his place if he has arrived, by seeing to it that he does not beget his kind if he is one of the class that are of little use to humanity, or, if he is one of the elect and of good report, developing in him those qualities which lead to greatness in man and nation. We are certainly our brother's keeper, but too much keeping of a kind may spoil the brother and be of no value to the world. There is much good psychology in the parable of the talents. Not all men have equal talents and this is not always realized by our would be reformers. "To him that hath shall be given and from him that hath not shall be taken away even that which he hath." Our soft minded reformers have forgotten this stern aspect of Christianity, but it is well that it should be borne in mind. Protection and repression for the sake of protection will never lead to the realization of a healthy and progressive civilization. We must rid ourselves of the weak, else we perish with him; we must save the race, not the individual, and we can only save the race by cultivating the superior type. We must set as our objective an aristocracy of mind as the highest ideal of democracy.

Science instead of being used to patch up the wrecks should be used to make the race stronger, more virile, should aid us in perpetuating those great moral qualities which insure national sanity and stability. Mere shielding from the dangers of life by external organization will not lead to the desired end. The individual must be given the opportunity of looking after himself, of saving his own soul because no one else can do it. Some will fall by the wayside, but those who have passed through the fire will be able to lead us forward towards the goal of true democracy. A moral tyranny in the state is just as detrimental to democracy as political tyranny.

CRITICAL SURVEY OF INTELLIGENCE TESTING

BY PETER SANDIFORD

Toronto

THE measurement of intelligence is no new thing, although it is only within the last decade that it has achieved a world-wide popularity and acceptance. Galton's studies in England may be said to have led to a study of individual differences in intelligence, which, in turn, has led to the introduction of more refined tests of intelligence than Galton employed. In Germany Weber's discovery of the psychophysical law and Fechner's mathematical interpretations of it, created an enthusiasm for psychological investigation and research. Psychological laboratories were installed in most of the universities and the era of brass instrument psychology began. One of the experimental fields—that of reaction-times—assiduously cultivated by plodding German psychologists, really directed experimentalists towards the problem of measuring intelligence. It was thought that reaction-times provided a sort of divining rod by means of which, intellectually speaking, the sheep could be unerringly separated from the goats. But after millions of experiments had been performed, it was found that reaction-times measured reaction-times and not intelligence. Yet it was J. McKeen Cattell, an American student, who early went to the German psychological laboratories, and returning to Columbia University, established "Mental Tests and Measurements" as an integral part of American psychological courses. Successive generations of Columbia students were given a series of physical and mental tests and as late as 1908-10 the writer of this paper was put through his paces with them. Cattell was really investigating individual differences in sensitivity, visual and auditory acuity and the like, but he stumbled on a method which, in essence, has been used to measure intelligence ever since. He used many tests, not a single one, and although most of the tests he used did not correlate very highly with intelligence, subsequent investigators have discovered many that do. Thorndike has been especially fertile in devising new tests, and it may be truly said of him that he is the J. J. Thomson of psychology.

It was owing to the genius of the French psychologist, Binet, that the measurement of intelligence became an international movement. He saw, more clearly than any of his contemporaries, that intelligence was many-sided and must be measured in greatly diversified ways. It

must also be measured by tests which appealed to the higher and more complex processes of mind, for it was in these that the greater distinctions between the stupid and the clever lay. To Binet must also be given the credit for introducing a series of tests for each year of child life, and for using the average performance of children of a given age (age-norms) as the standard for that age. Terman's revision of the Binet tests made them available for English-speaking persons on the North American continent, and Terman deserves a high place of honour among psychologists for the work he has done.

A great injustice would be done if, in this brief account of the development of intelligence testing, mention was not made of the work of Cyril Burt in England. Burt, like Binet, was concerned chiefly with tests of the higher mental processes. The invention or evaluation of tests such as analogies, syllogisms, etc., now so widely used in group intelligence tests, must be attributed to him.

On the later work of Yorkes and Bridges, Pintner, Paterson, Otis, Haggerty, Whipple, and Yoakum, there is not time to dwell.

What seems to be needed at this juncture is a critical analysis of intelligence testing so that we may see exactly where we stand. There is so much uncritical acceptance and actual misinterpretation of the results of intelligence tests on the part of Canadians, that the writer, who has done his share in making the various tests widely known, begins to feel twinges of conscience. The rest of the paper will be devoted to a critical survey of intelligence tests and an exposition of some of the unsolved difficulties in connection with intelligence testing.

I. The Nature of Intelligence

It will probably surprise most of my audience to learn that psychologists are far from being in agreement as to the real nature of intelligence. In general the older viewpoint is that of intelligence as "adaptability to new problems and conditions of life." Colvin modifies this and gives the following definition: "An individual possesses intelligence in so far as he has learned, or can learn to adjust himself to his environment." The modification eliminates instinctive adaptations and includes only those which have been acquired through experience. Recently Thorndike has said: "Realising that definitions and distinctions are pragmatic, we may then define intellect in general as the power of good responses from the point of view of truth or fact." Binet defined it as "the possession of judgment, otherwise good sense, initiative, the faculty of adapting oneself to circumstances."

While these varying definitions can easily be reconciled, the question as to whether intelligence is multi-focal or uni-focal is still unanswered.

although the multi-focal view is gaining ground. Thorndike, who may be regarded as the protagonist of the multi-focal view, regards intelligence as the sum total of many minor special intelligences, each one distinct from all the others and requiring separate treatment in its training. These various minor intelligences exhibit concomitant variation, that is, they tend to rise and fall together. If a person is clever along one line he is likely to be clever along others; if he is stupid in one thing he is likely to be stupid in many. According to Thorndike there is no such thing as 'general' intelligence; there are only particular intelligences exhibiting a fairly close correlation. Spearman, the leader of the uni-focalists, believes that intelligence is general rather than specific. It is equivalent to, or rather is due to, a common factor of cortical energy which may be directed at will into any given channel. Thus the highly intelligent man may direct his energy into any kind of activity and in it achieve success. The possession of general intelligence is the primary factor: its direction the secondary. This explains why clever men 'make good' in so many ways.

Fortunately for those who concern themselves with the measurement of intelligence, it does not matter which view is held. Both the uni-focal and the multi-focal views require a variety of tests, preferably those which deal with the higher mental powers of abstract thinking, since intelligence is either directed into numerous channels or is of many kinds. But it certainly matters greatly which view is held when we come to the problem of training or developing the intelligence of children. Thorndike's view requires us to give specific training to each mental power and capacity; he rejects with contumely the cruder elements in the doctrine of formal discipline. Spearman's views, on the other hand, rather lend support to the doctrine. Since intelligence is general, it may be trained as a whole (which is certainly not the case), and any material may be used in the training.

If intelligence implies the power of adapting oneself to novel situations it certainly demands facile adjustments in the nervous system. The writer believes that, at bottom, intelligence is nothing more nor less than a function of the central nervous system. If a person has a nervous system which integrates easily and tenaciously, he is likely to be bright and intelligent; if on the other hand his associative connections are made with difficulty, he is likely to be dull and stupid. Specific training is still needed to form the association paths (Thorndike's view), but the learning is easy if there is good nerve stuff to work on (Spearman's central factor). This definition, therefore, reconciles the uni-focal and the multi-focal views.

But our difficulties over the nature of intelligence are not at an end. The word intelligence was formerly used as a synonym for brightness.

Intelligence in this sense of the term was something that remained more or less constant throughout life. Intelligence as brightness refers, therefore, to the mental powers of a person contrasted with those of his own age. It is always a relation. A bright child has relatively more intelligence than other children of the same age.

Since Binet introduced the concept of mental age into psychology, intelligence and mental age have come to mean the same thing. They are certainly used interchangeably. Intelligence in this sense increases with age; it refers to a child's degree of mental development or mental maturity—how far his mental growth has progressed. It is an absolute not a relative thing.

This second use of the term has become so common that it is best to stick to it now, using brightness only when one wants to refer to intelligence in the relative as opposed to the absolute sense.

II. WHAT IS AN INTELLIGENCE TEST?

An intelligence test is obviously something which tests intelligence; it is a test which helps us to distinguish levels or grades of intelligence among pupils with some degree of certainty. Some tests do this better than others. That test is best which, when applied to a group of children, arranges them most nearly in the order of their intelligence. But this is obviously begging the question. What is the order of their intelligence? The order is that in which competent observers would place the children as a result of daily observation, of questioning, of examining, and of information gained in any other way. The teacher, for example, is a competent observer and can make very shrewd guesses of the degree of intelligence possessed by each of the pupils under his charge. If a test gives results which are found to agree with a larger number of teachers' judgments, it is classed as a good test. As a matter of fact good tests are discovered in this very way. The point to notice is this—that a test of intelligence is referred ultimately to persons who know intimately the subjects who submit themselves to the tests. In rating a test we average, as it were, hundreds of pupils' performances and scores of teachers' judgments respecting them. It is in this manner that we can say that a language completion test is a better intelligence test than a list of spellings. The language completion test correlates more highly, as we say, with teachers' and other persons' naive judgments than spellings do. In other words children who do language completion tests well are on the whole more intelligent than those who merely spell correctly.

We can also work backwards and check up any single teacher's judgments by means of intelligence tests upon his pupils. This in

essence is checking up one judgment against the average judgment of scores of others. The whole thing runs in a circle; fortunately it is not a vicious circle.

An intelligence test, therefore, may be defined as a standardised examination. As time is a part of the contract, the test must be of short duration. Since intelligence is exhibited in diverse ways the tests must be varied in type as much as possible. Hence some are written, many are oral, while others, again, test some form of skill.

It will thus be seen that there is no royal road in the making of intelligence tests. Good tests are only discovered by 'trial and error' methods, the less successful ones being gradually eliminated. The good test is that which confirms the naive judgment of the world regarding that elusive quality we call intelligence.

III. THE STANDARDISATION OF TESTS

When we think of standards in regard to various physical measurements such as length and temperature, we think of something that may be used successfully and in non-varying fashion anywhere and at any time. In all standards also there are zeros or reference points to which all measurements are referred. These criteria should be employed in standardising tests. A test is standardised for any group (say eight-year-olds) when the addition of further results or records obtained from the test does not alter either the median score or the deviation obtained from earlier records. If this is not the case, the testing must be continued with unselected subjects until the central tendency and the deviation have achieved constancy. The difficulty of reference point or zero is far from being solved. In temperature we have two zeros—the zeros of the Fahrenheit and the Centigrade scales respectively. In mental measurements the reference points are exceedingly numerous. There is a zero point for each scale. McCall has recommended the adoption of an arbitrary but workable reference point, namely, the mean performance of children between the ages of 12 and 13. Such a reference point, while not a zero, can be used for any mental trait regardless of the location of its absolute zero, if such there be. For the unit of the scale he proposes the standard deviation of the variability of twelve-year-old pupils multiplied by ten. The adoption of such a reference point and unit would overcome many difficulties. For example, in the Binet-Simon scale the zero is the time of birth, and the unit one year of mental growth. The zero is one that everybody understands, but the unit varies from year to year. As we shall see later the amount of mental growth between 5 and 6 is probably much greater than between 15 and 16. The S.D.-multiplied-by-ten of twelve-year-old children unit is equal at all points

on the scale. Although a little more difficult for the average person to comprehend, it will probably be adopted in the standardisation of new scales. McCall proposes to call the new unit a Thorndike-Terman unit, or for brevity a 'T.'

In standardising any scale unselected subjects must be used. These are very different to obtain. A test, like the Terman revision of the Binet-Simon scale, standardised on subjects found in California schools, may give erroneous results if used in other parts of North America. It will only be reliable if the average intelligence of California children is the same as that of children found elsewhere. The safest way is to obtain regional standardisations. All the American tests should be re-standardised, say, for Ontario, if they are to prove of the greatest service here. Let me illustrate from a subject test—Ayre's spelling test—which has been extensively used in Ontario. Ayre's test gives results that prove indubitably that children in Ontario are better spellers than children of the same age in the United States. The spelling of Ontario children, therefore, should be judged by Ontario, not by American, standards or we may become too easily satisfied with our achievements. There is so much profit to publishers and authors in scales and tests that scores of imperfectly standardised ones are being rushed on to the market. Even Terman's standardisation, probably as carefully standardised as any test on the market, only involved the examination of 2,300 subjects—1,700 normal children, 200 defective and superior children, and 400 adults. The highest Intelligence Quotient (infra) obtainable by an adult in Terman's test is only 121.8. During the past two or three years students in the Ontario College of Education have been re-standardising tests, and the results so far obtained have shown the urgent necessity for such work.

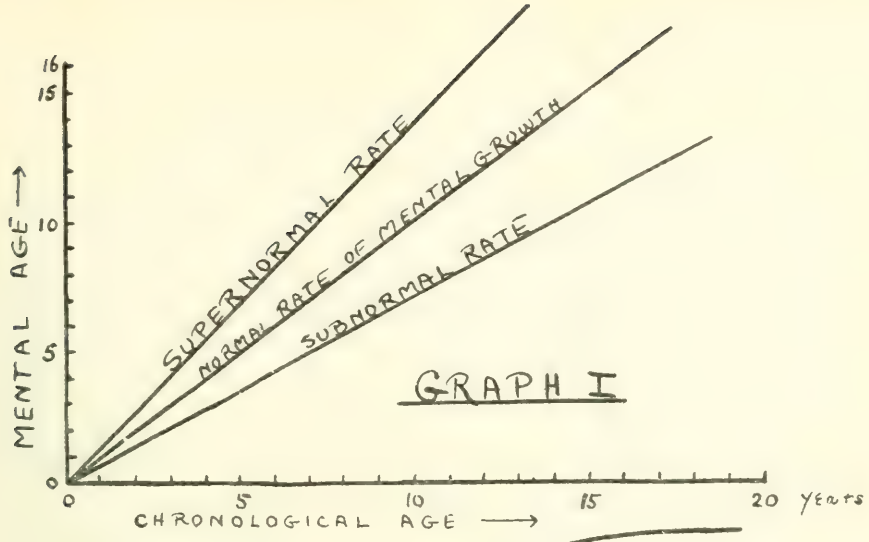
IV. Methods of Expressing the Results of Measurements of Intelligence:

The commonest methods of expressing the results of measurements of intelligence are:

(a) Mental Age (M.A.).
(b) Age Difference.
(c) Intelligence Quotient (I.Q.).
(d) Co-efficient of Intelligence (C.I.).
(e) Index of Brightness (I.B.).
(f) Percentile Rank (P.R.).

Not one of these methods is entirely satisfactory.

(a) *Mental Age.* This was one of the earliest methods to be adopted. It was made popular by Binet & Simon, although the concept had


16
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MENTAL AGE ⟶
SUPERNORMAL RATE
NORMAL RATE OF MENTAL GROWTH
SUBNORMAL RATE
GRAPH I
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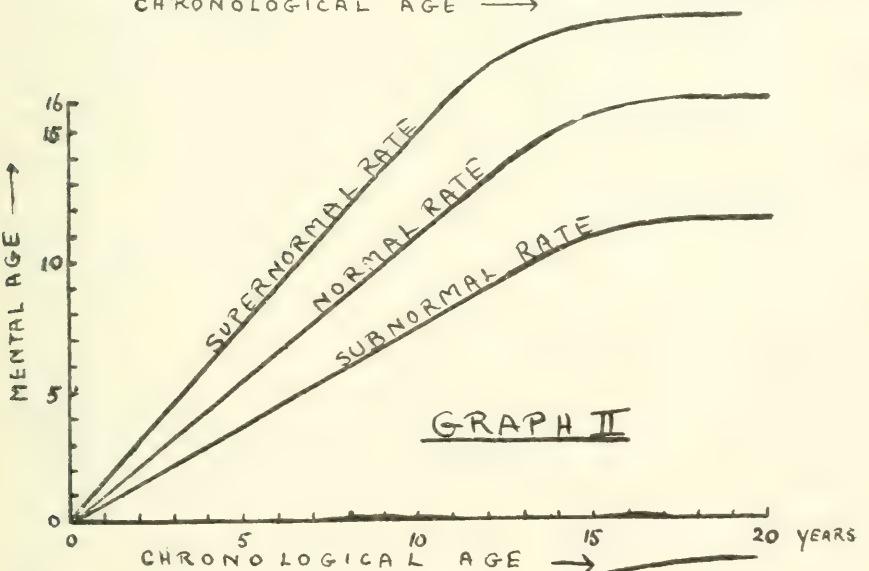
20 Years
CHRONOLOGICAL AGE ⟶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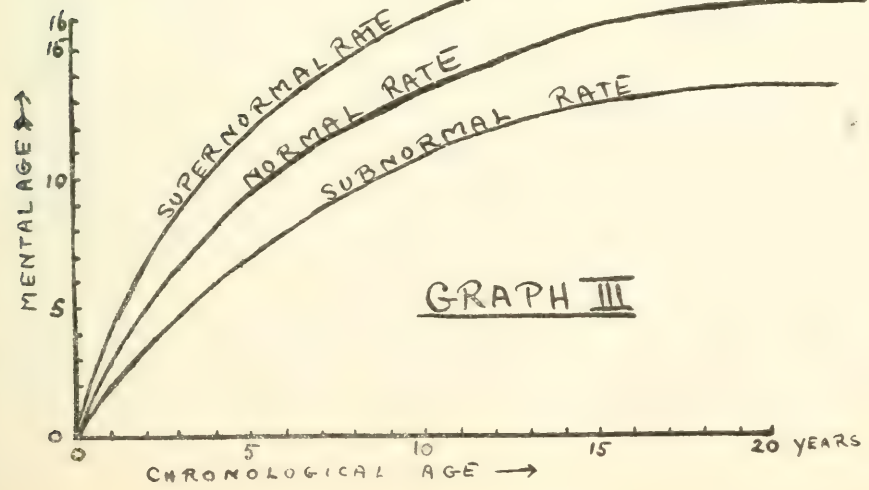
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20 YEARS
CHRONOLOGICAL AGE ⟶

been 'in the air' for almost a century. Mental age means a certain degree or amount of intelligence. Normally this amount increases with age. A child of ten years has a greater mental age than he had at six, and on the average eight-year-old pupils have a greater mental age than seven-year-olds. Children mature in intelligence at different rates. Some pass through the mental ages quickly; these are the bright ones. Some mature slowly; these are the dull and stupid ones. Mental age is determined by intelligence tests; it is a performance level; it is a score obtained in an intelligence test. A child of any age obtaining a score which on the average is obtained by eight-year-olds is said to have a mental age of eight years.

There are two important and still unsettled problems in connection with mental age. The first concerns the amount of the yearly increments of intelligence, that is, its rate of growth. The second deals with the age of maturity of intelligence.

In connection with the first of these problems we may ask—is the yearly increment of intelligence constant in amount? This question may be made plainer by means of a series of graphs.

Graph I shows a constant rate of growth in mental age. The upper limit is indeterminate; mental age increases throughout life. The increment of growth between four and five is the same as the increment between ten and eleven. Graph I is certainly not true to facts for the annual increments are probably not the same over the whole range and there is certainly an upper limit or age of maturity of intelligence.

Graph II shows a steady rate of growth to the onset of adolescence followed by a rapid decrease until maturity is reached. Data derived from the use of the Binet Scale seem to show that Graph II gives the true story of mental growth.

Graph III shows a gradually decreasing increment with age. The normal one is a logarithmic curve (y—log x). Growth continues throughout life, though the increase after early adolescence (16 to 18) is almost a negligible quantity. On theoretical grounds, Graph III would seem to be the correct one. The curve of physical growth, except for the adolescent spurt, is practically a logarithmic curve. The curve of the growth of the brain is also logarithmic. Why should not growth in intelligence follow a similar course? All that can be said at present is that Graph I is untrue; Graph II or Graph III may be true. There is evidence in support of both. But, after all, may there not be rythms in mental growth? In that case no smooth curve could possibly represent it.

The second unsolved problem in connection with mental age is that of the age of maturity of intelligence. Although we may increase our stocks of knowledge almost to the end of life, it is obvious to all

that our intelligence does not so increase. It reaches a limit fairly early in life. Binet considered that intelligence reached its maturity at fifteen. Terman fixed it at sixteen. Ballard by means of an extended Binet absurdities test determined it experimentally to be sixteen. Monroe and Otis both regard eighteen as the age of maturity of intelligence. Doll collected a mass of evidence, chief among which was the average mental age of drafted recruits in the United States army, which seemed to indicate that it should be reduced to thirteen years. There is room for much research work on this important problem of mental age. The validity of the Intelligence Quotient is dependent on both the rate of increase of mental age and on the age of maturity of intelligence.

(b) *Age-difference.* The age difference is the difference between the mental age as determined by tests and the natural or chronological age. The age difference may be *plus* or *minus*. We are, however, in our present state of knowledge, unable to say whether or not an age difference of —3 in early years is the same as —3 in adolescence. It probably is not.

(c) *Intelligence Quotient* (*I.Q.*). The intelligence quotient is the ratio of mental age to chronological age. It, therefore, expresses a degree of brightness.

$$\text{I.Q.} = \frac{\text{M.A.}}{\text{C.A.}} \times 100.$$

Terman has presented evidence which shows: (i) that the I.Q's. of a large group of unselected people are distributed according to the normal surface of frequency; (ii) that the range of the middle fifty per cent. of the group lies between 93 and 108; and (iii) that the I.Q. is practically constant in any individual between five and fourteen years and probably throughout the whole of life. Since mental age is meaningless considered apart from chronological age, Terman believes that in the I.Q. we have the best expression of a child's intelligence status.

Further information is needed before we can regard the I.Q. as constant throughout life. Mental age, on which the I.Q. depends, is a score made in an examination. Fatigue and the state of health must certainly affect it, although the measurable effects may conceivably be so small as to be negligible. All that we can say at present with any degree of certainty is that the I.Q. seems to be fairly constant during the elementary school period. Such data as we have regarding the I.Q.'s of High School pupils seem to point to a diminishing I.Q. during adolescence.

(d) *Coefficient of Intelligence* (C.I.). The coefficient of intelligence is the ratio of an individual's point-scale score to the expected score or norm.

$$C.I. = \frac{\text{Score made in point-scale test.}}{\text{Median score for age.}}$$

The point-scale score was devised by Yerkes because of his objections to the 'all-or-none' method of scoring used in the Terman revision. An answer that was 90% correct frequently counts no more than one that is only 10% correct. Yerkes, therefore, attempted to define degrees of performance in each of the tests and to determine the grade of intelligence from the degree of performance achieved. The intention of the method if admirable. Yerkes failed, however, in fixing somewhat arbitrarily the values to be attached to each of the Binet tests. An ideal point-scale necessitates the fixing of the point-scores from experimental data.

The I.Q. and C.I. are practically the same for each individual; they really measure the same thing.

(e) *Index of Brightness* (*I.B.*) This index introduced by Otis is a refinement over the I.Q. In his Group Intelligence Scale the total score is obtained by adding the points scored in each of the tests. "A child who exceeds just one-half of the children of his age in intelligence and whose score is, therefore, just equal to the norm for that age is considered just normal. If a pupil obtains a score which is 25 points above the norm for his age, we may say that he has an *increment of score* of 25 points, and if his score falls short of the norm by 15 points we may say that he has a decrement of score of 15 points. Either the increment of score or the decrement of score is a deviation from the norm."

The I.B. of a perfectly normal individual is taken as 100. All other I.B's. are found either by adding the increment of score to, or subtracting the decrement of score from, 100. An example will make the situation clearer. Suppose that a child of 14 makes a score of 125 in the advanced examination. According to the Tables a child of 14 should normally make a score of 112. His increment of score is 13. His I.B., therefore, is 100 plus 13—113.

This method of expressing the results of the measurement of intelligence was necessitated by the fact that the distribution of scores at the various age levels in the Otis tests are of the same degree of variability, whereas with the use of the Binet Scale the distribution of mental ages of the lower age groups are appreciably narrower than the distributions of mental ages of the upper age groups. It is possible, however, by means of a little statistical juggling to convert I.B's. into I.Q's. And for the majority of people the I.Q's. are easier to understand.

THE PHYSICIAN'S RESPONSIBILITY IN CONNECTION WITH INSANE AND THEIR COMMITTAL TO HOSPITAL, TOGETHER WITH SUGGESTIONS FOR EXAMINATION OF A PATIENT

BY H. C. STEEVES, M.D.

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TO the physician in general practice who sees only an occasional mental patient the question of his responsibilities to the patient, the friends and the public is often an enigma and one which I am sure he will be only too glad to discuss.

The enactment of Lunacy Laws is probably one of the earliest pieces of social legislation with which the physician came more or less directly in contact, but today he has in addition Workmen's Compensation Acts, Venereal Disease Acts, Vital Statistics Acts and what not others to comply with until it is little wonder if he is not confused by or neglects some of the many legal details demanding his attention.

The legal obligations of the physician under the Lunacy Act are not extensive or arduous and do not call upon him to make a diagnosis of the type of insanity present, nor in fact, to assume the responsibility of saying whether the patient should go to a hospital or not. He is simply expected to prepare a certificate—in Form B, schedule to the Act—in which he states that he believes the patient to be insane for reasons which he is asked to set out in the certificate. Further, the physician need have no fear of legal action as a result of his issuing a certificate, for the lunacy law of this province especially provides that he is not in any respect liable for this certificate of his opinion, if he has acted in good faith and with reasonable care(Sec. 51).

The responsibility for the final disposal of the patient rests solely upon the magistrate or other person competent to commit to a mental hospital and the physician has not a thing to say as to whether a magistrate shall commit or not. As a matter of fact, in practice, the magistrate is largely governed in his action by the certificates placed before him but it is not in any way incumbent upon him to accept the opinions set forth in the certificates.

This is the only legal responsibility of the physician but what of his moral responsibility to his patient, the friends and the public? Relatives of the insane usually look to the physician to direct them as to procedure in gaining the admission of a patient to the hospital and. unfortunately, it happens only too often that the physician either through carelessness or ignorance, misdirects these friends and causes them no end of incon-

venience and annoyance by directing them to the hospital with the "doctor's papers" as all that is necessary. The result, as I have said, is annoyance and inconvenience for friends, often unnecessary discomfort to the patient and delay in beginning of treatment, for a patient cannot be received in a mental hospital without a committal order properly made out and signed and the certificates upon which that order is based. The officers of the hospital have no powers of discretion in this matter and should they oblige fellow physicians by receiving improperly committed patients, do so at the risk of serious legal consequences to the hospital and themselves. Therefore, I would impress upon you the fact that to preserve your own dignity and reputation for infallible and boundless knowledge of all things with your clientele, as well as to facilitate the admission and early treatment of the patient you should know, always remember and never fail to see that four properly executed certificates accompany your patient to the mental hospital if you have undertaken to advise the procedure necessary to gain admission. These certificates are: Form A, the Order of Committal from a magistrate. Form B, from each of two duly qualified medical practitioners in the actual practice of their profession who are not partners nor relatives of the patient and, equally important but frequently very scantily prepared, a certificate in form C, from the relative, guardian or police requesting the admission of the patient.

Gentlemen allow the number four to become indellibly fixed in your mind and inseparably associated with the idea of procedure in the committal of the insane.

Again of the physician's moral responsibility to the public or the community. What physician in practice does not know of at least one insane person, potentially dangerous, for all insane are such, either uncared for entirely through superstition, fear or ignorance of relatives,or so badly and improperly cared for that he is rapidly losing or has already lost all chance of recovering mental health and is a source of danger to himself and all those with whom he is associated. You will say if friends object I can do nothing. I cannot agree with you. Where friends are intelligent you can educate them to the point of believing that the patient's best chance for recovery is in the hospital, that the least chance for serious accident either to himself or those in contact with him makes it essential for him to go to hospital and above all to drive away their fears handed down through the centuries that patients are ill-treated, neglected and abused. Of the relatives who are not intelligent you have still the course open of reporting the case to and placing your certificate in the hands of the police, who will act. In this case you have only to decide, which is more important, your duty to the patient and society in general with the risk of a suicide, a homicide, or what not removed, or your duty to yourself in retaining the

esteem of persons whose lack of intelligence must or should force one to wonder if it is worth retaining. This question, gentlemen, is an individual problem and one which we are at liberty to decide for ourselves. There is no law compelling the reporting of insane to any authority but to my mind there should be such a law. I feel that one must be forced to this conclusion if he heeds the almost daily reports of deaths, murders and disasters directly attributed to insane persons who have not been cared for as they should have been.

The question of how to examine a patient for insanity is one which often arises in the mind of the physician. There is a subtle something developed in a person by practice and association with certain conditions which enables him to gain more from an examination than one less practised. As the surgeon can visualize an abdomen or the physician a heart, so the psychiatrist visualizes the ensemble of a mind and as a result of his experience is able to give diagnosis and prognosis in cases which to the inexperienced seem only a confused jumble of silly sentences and acts. The keynote of all successful examinations in any sphere of medicine is thoroughness and system, bringing out each phase and feature of the case clearly and distinctly, that none may be overlooked in drawing conclusions.

You all know full well the overwhelming importance of the history in physical illness, it is equally important in mental illness and as in one so in the other is the logical place to begin the examination. With the mental patient this not only supplies the examiner with information of inestimable value, but serves to gain the confidence of the patient, to put him at ease, and to make the intricate paths of his mind much more readily accessible to the examiner.

The family history, a matter relative to the patient, but not one sufficiently personal to embarrass him is the best and easiest place to begin, and where in the whole sphere of medicine is the family history of more importance than in mental diseases. Here you are at once gaining information concerning possible etiological factors, at the same time gaining the confidence of your patient and putting him at ease. Begin with the father, learn whether he is alive or dead, his occupation, his health, his disposition, the kind of parent he was. If he is dead, at what age did he die, of what cause, was he ill a long or short time and a quite important question indeed, did he die at home. In answer to this question one will quite occasionally learn that the father or some other member of the family died in a mental hospital when the patient never had any intention of admitting that there ever was such a thing as insanity in the family. As with the father so should each member of the family be inquired about

carefully, and in detail, and lateral branches of both paternal and maternal sides of the family should be investigated. This is often a tedious proceeding but the results entirely justify the time and patience required and enables the examiner to picture to himself the roots from which the mind under examination sprang in a way that cannot be accomplished by any other means.

By the time the examiner has exhausted the family history, if he has done so skilfully at all, he will be quite sufficiently established in his patient's confidence to inquire into his more intimate life and obtain the personal history. Here again he should begin at the beginning and learn the place and date of birth, for by specific and detail questions we learn many things of the patient's mind which I shall mention later. We inquire of any circumstances connected with his birth which the patient may have heard, such as whether it was a natural birth or, were instruments used. Here at the beginning of life is a possible source of injury which may have resulted in interference with mental health; at what age did teeth erupt, at what age did he learn to walk, to talk. These may seem irrelevant to mental disease but do they not at once tell us whether development was normal, delayed or precocious. We proceed to inquire for illnesses of infancy and childhood, for convulsions, seizures or other symptoms which may indicate disease or irritation of the nervous system, or for illnesses that may have affected the mental development by toxemia.

Following the developing child we inquire at what age he started school. If not until eight, ten or twelve, what delayed him. Here we may learn of an illness until then forgotten, or learn of environment which will throw very important illumination upon the morbid mental processes confronting us. We inquire of his progress at school, how long did he continue and was attendance regular. From this information we are able to judge of the receptiveness of the developing mind; of his powers of assimilating and retaining knowledge and as the history progresses, to judge of his ability to apply the knowledge so obtained.

When the history has brought the patient to the age of fourteen or fifteen the question of sexual development is inquired into with the idea of learning of unusual sexual irritations or excitements; of masturbation or other practices frequently developed at this period of life which may indicate a neurotic or nervous temperament which is so frequently the fertile soil for the later development of mental disease. With the female patient we learn at what age menstruation was established, with what difficulties, and its subsequent course. Pregnancies, their course and termination, miscarriages and abortions are all carefully inquired about and noted, for this information certainly is important in revealing the physical health of the patient and so undoubtedly reveals valuable information which may have a direct bearing on the mental condition present.

While on this subject the matter of venereal disease is best investigated and should never be forgotten, for the history of syphilis may at once give us the key to the patient's illness or the worry over an old attack of gonorrhea may at once explain many of the mental symptoms present and not formerly understood. It is well too, to bear in mind the Frendian theories and be on the watch for any suggestion of sexual incidents of adolesence which may have caused subconscious fears and suppresion of normal mental processes. When this subject has been exhausted to the satisfaction of the examiner he should next ask the patient, what was the first job he ever had? How did he happen to take it? Did he like the work? How long did he keep the position. Why did he change and so on through out his whole career. By these questions we learn many things. We learn of the patient's fixity and steadfastness or irresponsible and roving tendencies; we may unexpectedly uncover the beginning of persecutory ideas which have driven him from place to place and position to position and which have eventually crystallized into the systematized delusions of persecution which we find present but have heretofore only suspected. We at once are able to form a more accurate conception of the process by which these delusions have been built up, their degree of fixity in a word are learning much of the patient's insight into his own condition.

Physical illnesses which have occurred during the patient's lifetime should be investigated. What were they? of what duration? and did they leave any effects noticeable to the patient?

We then proceed to investigate the patient's social state. Is he married or single? When, on what date was he married? The answer tells at once something of the patient's memory and his attention to details as well as giving us some information regarding his conception of the importance of this event in his life. We inquire of his family relations, have they been smooth and uneventful, or troublesome? What seemed to be at the bottom of the troubles and how were they adjusted? Are there children? are they all living and healthy?

The patient's mental make-up can be judged to a degree by an examination of the subject of hobbies or special interests in some particular matter, or is life to him merely a succession of days of toil and drudgery because it is necessary for existence.

The examiner now has a fairly intimate knowledge of his patient; his temperament and habits and is in a good position to judge the circumstances which caused the examination. If it was solicited by the patient the complaints will be taken up one by one and inquired into. If the patient complains of peculiar odors, that his food tastes strangely and he has brought a sample for analysis, one would think at once of the presence of hallucinations and proceed to investigate the frequency of the occur-

rence, the reasons the patient may attribute for them and so on, until the examiner is able to satisfy himself as to whether the complaints are real or the products of a diseased mind expressed by hallucinations. In the same way the delusional field must be investigated. Why does the patient say that he is being followed, or persecuted by this organization or that person, or that this event or that was directly connected with himself. The possibility or probability oft he events described together with the reasoning employed by the patient, the conclusions he comes to and the possibility of a mistaken judgment on his part must all be taken into consideration, for the delusional insane admit no possible error in their reasoning or conclusions. On the other hand if the examination is being made as a result of a request by friends or police the patient can be approached by obtaining from him an explanation of the circumstances of which friends complain or the conduct which has caused his arrest. In these cases the attitude of the patient will be quite different from that of the patient who voluntarily seeks assistance from the physician and frequently requires much patience and skilful questioning before the patient can be led into a discussion of the trouble and a revelation of his mental processes.

The information now in the possession of the examiner must needs be sorted out and classified to enable him to come to conclusions regarding the mental condition of the patient. This can best be done in two groups. A subjective group, comprising information gathered by questioning and an objective group, the information gained by observation of the patient during the examination. The subjective group can be subdivided into the following:- (1) Delusional Trends ; are delusions present, what are their character? Are they systematized and fixed, or fragmentary and fleeting? (2) Hallucinatory Trends; are hallucinations present? Which of the senses are involved? (3) Degree of Insight; Does the patient recognize any possibility of mental illness or the existence of delusional states or hallucinations Is he able to adjust his ideas or correctly interpret his sensations; to recognize his emotional states, memory defects, etc., and adjust himself or not? In other words, does he possess insight into his condition, or is it partially or totally gone?. (4) Memory:— You will remember that questions were to be specific and answers definite. This was for the particular purpose of memory tests and to estimate the impressionability of the patient's mind. The memory for detail, for remote and recent events is noted in this way and the possibility of a fictitious memory where elaborate detail is supplied, must always be considered.

(5) Orientation:—Has the patient been able to comprehend and express proper relations of time, place and person? Does he recognize the proper season of the year, day of the week, month, etc.? Does he

see in those about him persons of the past or relatives, or is he able to place them properly? Does he know that he is in hospital, home or gaol or does he believe himself in some distant city or great palace?

Objective symptoms.

Here is grouped the information gathered by observing the patient during the examination and quite frequently questions are asked with the definite intention of bringing out these features. For instance, one may deliberately ask questions to excite emotions of anger, laughter or tears in order to judge whether the mental reactions in this field approach normal or not. The objective symptoms can be classified under the following headings:

1. ATTITUDE

What has been the patient's attitude toward his environment and the examiner? Is he suspicious and resentful or does he co-operate readily and endeavor to assist in the examination?

2. MANNER

Is the patient polite, respectful and friendly, or is there affectation, insolence, aggressiveness or indifference? Are there distinct mannerisms present.

3. ATTENTION

Is it easy or difficult to gain the patient's attention to the subject under discussion; to hold it there and get logical and specific replies, or does he reply partially or entirely at random? Is he able to fix or retain attention, or is it readily distracted by a passing bird, a whistle or some object about the room? It is quite common to find the attention very easily but very poorly retained. This is splendidly exemplified in the manic types of the Manic Depressive psychosis where the actual press of ideas makes it quite impossible for the patient to fix his attention more than momentarily on any subject.

4. RETENTION

Can the patient retain facts stated to him previously or can he give the substance of a paragraph read to him or does his mind fail to register these matters and pass them by without receiving any impression?

5. EMOTIONAL STATES

Is the patient at ease or nervous and restless, does he cry, moan, laugh, shout or sing? Does he show proper emotional balance, or does he cry when he should be cheerful and laugh when he should be serious or even sad?

6. MENTAL GRASP

It finally is necessary to form an opinion of the mental developments or mental grasp of the patient. In the absence of definite test scales and long and careful examination, one forms his opinion from all previous data obtained, and must adjust his conclusions of the patient's mental

condition accordingly as it is quite obvious that a mind with little mental grasp or, in other words, a mental deficient might easily be responsible for acts which superficially would appear insane but which, as a matter of fact, are clearly shown to be the results of mental processes or their absence in a shallow, under-developed or deficient mentality.

It is by such a process that the soundness or otherwise of the mind must be judged and I feel quite sure that any physician, whether experienced in psychiatry or not who, will follow out the examination as suggested here will make very few errors in issuing or refusing certificates of insanity.

"PREVENTION OF MENTAL BREAKDOWN"

BY C. A. BARAGAR, M.D.

Superintendent, Brandon Hospital for Mental Diseases, Manitoba

IN Manitoba at the present time there are over twelve hundred patients in the three principal mental hospitals, demanding from the province annually for maintenance alone an expenditure of about half a million dollars. There is also the loss due to the withdrawal of a large number of producers. But the economic burden is not the only side of the question. There is the human side, the mental distress of those unfortunates whose reason has proved unequal to the strain of modern life, as well as the suffering of their relatives. Outside these Institutions there is a great host of men and women, who for one reason or another, are unable to adjust themselves properly and who therefore are in reality more or less of a burden on the community. These are the borderline cases who have not and may never reach the stage where it is necessary to deprive them of their liberty. Yet they are mentally ill as truly as many of the institutional cases. The prevention, therefore, of these conditions of mental breakdown or maladjustment is a problem of great extent and extreme importance.

Absolute prevention is dependent upon full knowledge and absolute control of the causes of mental breakdown. This is beyond our power, but much is known of the causes and over these we have, or may have, some control and much in the way of prevention may be accomplished by a judicious exercise of this knowledge and power.

Mental breakdowns are due to physical disease, often involving the nervous system directly or indirectly; to bad heredity and to faulty development together with the mental stress and strains of life. These latter are bound to occur in any civilized community, are likely to vary in proportion to the responsibility thrust upon the individual and are due to the complexity of life. As it is not desirable that individual responsibilities be lessened generally, but rather that the resistance of the individual in general be increased, the reduction of these mental stresses will not be considered as a means of prevention except in the case of those unfortunate individuals known to have a mental equipment of low resistance.

PREVENTION AND PHYSICAL CAUSES

Various acute and chronic infections, organic diseases, head in-

juries, senile and arteriosclerotic changes, are known to give rise to or strongly predispose to mental disease. Present investigations would indicate that endocrine disturbances play a larger part in mental disease than was formerly thought. On the other hand the mental state profoundly influences the endocrine balance and hence the cause-effect relations of this whole question are still obscure. We have little or no control over some of these medical conditions such as senility, and hence little can be done with such causes. But the prevention of the causal condition in general results in the prevention of the mental sequela and is therefore to be dealt with as a general medical problem.

Two causes, however, on account of their social importance and as both are preventable, require special consideration. They are alcohol and syphilis. William A. White states that they together "are responsible for fully 20% of the certifiable psychoses in males at least." Again referring to alcohol, he says: "Recent statistics would indicate that 12% of the insane confined in public institutions in the United States are there because of its influence, direct or indirect."[2] In some hospitals receiving patients from large cities, the proportion of syphilitic psychoses among first admissions is as high as 13%.[3] In Canada generally, because of our smaller cities and large urban population, the percentage falls much below these figures. During the last nine years in the Brandon Hospital for Mental Diseases, 8.9% of the deaths were due to general paralysis of the insane, but so far as can be ascertained from records not over 1.7% of the admissions were cases of this disease.

The methods of combatting venereal disease and alcoholism have, during the past three or four years, received widespread attention in both the medical and public press and need only be mentioned. The prevention of syphilis depends upon the teaching of young men and young women the advantage and necessity of living clean, continent lives, sublimating adequately sexual energies, and constantly remembering the duty they owe themselves, their fellowmen and posterity. Where these powerful emotions cannot be turned into useful channels, thorough preventive and prophylactic precautions should be taken. Finally early, thorough and prolonged treatment is necessary for those who have been infected. Farquhar Buzzard says that treatment should continue intermittently for the rest of the patient's life.

The experience of the war years may be regarded as pointing the way to the prevention of the psychoses due to alcohol. During the year 1916 and since there has been a marked falling off in the admissions to the Brandon Hospital for Mental Diseases. This has been attributed in part to the diminution in the use of alcohol as a result of war measures. Only two cases of alcoholic psychoses were admitted to this hospital during 1920. The contrast between this and the corresponding admis-

sions in a country where the same restrictions regarding alcohol do not obtain is very striking.

Kirby has shown that in the New York State Hospitals there has been a falling off of cases of Alcoholic Psychoses among the first admissions from 10.7% in 1909 to 1.8% in 1920. He indicates that this is due to the great trend of public opinion against the use of alcohol that has been growing during the last fifteen years, and which has culminated in prohibition measures.

Certainly, as far as the problems of mental disease are concerned, prohibition deserves an extended trial.

Faulty Heredity

Faulty or tainted heredity has been variously regarded as bearing an important causal relation to mental disease in from 60% to 70% of cases admitted to mental hospitals. In these conclusions true hereditary tendencies and developmental factors have doubtless not been fully differentiated. Three groups of factors are likely to be confused: Tainted heredity in the true sense, that is, abnormal tendencies due to defective germ plasm; germ plasm occurring at the time of, just previous to, or after conception, through alcoholism or the toxic effects of chronic debilitating disease; and developmental factors, or as Adolph Meyers expresses it: "Early growth and nutrition" on the physical side, and "Training and habit formation" on the mental side.

Marriage

Prevention in relation to heredity is largely a question of marriage. Marriage is a much more serious question for future generations than those contemplating it appear to recognize. The personal or selfish aspect is unduly emphasized. The raison d'etre of marriage is the propagation of the species, and young men and women should have their ideals so developed that only mates healthy in mind and body would be normally chosen. While the ideal is of course that both individuals should be healthy mentally and physically, that is seldom attainable, and in reality the limits of marriageability are not so narrow as many eugenists would have us believe. It has been found that the prospect of healthy progeny from the mating of tainted with untainted or even with slightly tainted stock is good, and the number of those mentally unstable is much less than the number of those mentally sound and that the value of the latter to the world much outweighs the loss on account of the care and protection required by the former.

Individual tendencies depend upon hereditary, conceptional and

developmental influences and where there are slightly unfavourable hereditary influences they may be neutralized to some extent by taking special precautions to provide good conceptional and developmental influences. Where these unfavourable conditions obtain, therefore, the facts should be frankly faced by those contemplating matrimony, so that special attention may be directed to the other factors.

It is difficult to formulate sounder advice than that outlined by Adolph Meyers.[5] (The reader is referred to Meyers' article for a full discussion.) He says that if two individuals "can feel and give to their own sense and conscience reasonable assurance of giving a family of four children a wholesome, healthy environment and education, then even tainted persons might be allowed to marry, especially into untainted stock." He further adds: "If unfavourable heredity should crop out, it would be highly probable that the healthy and capable brothers and sisters would be able to assure the protection and care of the problematic abnormal individual.

From a practical standpoint one may say that marriage should be prohibited:

1. Where either the man or the woman has had a mental breakdown.
2. Where one or both have marked psychopathic tendencies.
3. In the case of all mental defectives, except the higher grades of the moron class, and even then when psychopathic tendencies are present.

One is sometimes asked if a marriage without children is permissible, that is, where conception is prevented by continence or contraceptive measures. In all cases where one only of the contracting parties is abnormal such a marriage should be forbidden. It is unjust to the normal individual. Theoretically, in certain circumstances it might be permitted between two psychopathic individuals or where the stock was tainted on both sides, but then only with full knowledge of the responsibilities involved. Where one of a couple already married has had a breakdown no subsequent conceptions should be allowed to take place.

A compulsory medical examination of both parties before marriage has been advocated, and, I believe, has actually been provided for by statute in certain States, but is of doubtful value, as unscrupulous examiners could always be found to sign the necessary documents. A simple physical examination is of no great value in itself, except to rule out active venereal disease. A thorough evaluation by a medical expert, voluntarily obtained by the contracting parties and involving a consideration of ancestry, mental attributes and physical condition would, however, be of the greatest value. It would enable the two individuals to assume their new responsibilities with important knowledge of possible

facts likely to affect adversely the resulting progeny and thus to be prepared to neutralize, in so far as possible, undesirable tendencies.

Sterilization

Sterilization of those who have had a mental breakdown and of mental defectives has been frequently mooted, but is of doubtful value and in many cases would not be advisable. It might with wisdom be recommended in certain individuals, mainly of the feebleminded groups, viz.: 1. All imbeciles and some low grade morons. 2. All morons with antisocial or marked sexual tendencies. 3. A few psychopathic individuals especially those with hypersexual tendencies.

Developmental Considerations

So important are developmental influences, that is, early growth and nutrition and training and habit formation, that William A. White has referred to childhood as "The Golden Period of Mental Hygiene." Even with a tainted heredity much can be done during this impressionable period to neutralize unfavourable tendencies and to create healthy habits of thought. Like Demosthenes, the individual may not only surmount his obstacles but actually achieve greater success because of them.

The moulding of the child's environment should begin before birth, and even before conception, in the teaching of mothercraft and fathercraft to young women and young men, so that they may be prepared to intelligently assume the responsibilities of parenthood. The importance of good health on the parents at the time of conception should be emphasized.

The importance of attending to the child's physical health is generally appreciated, but not so the importance of ensuring good mental habits.

Mentally, each individual may be said to have inherited three fundamental instincts or emotions which are the mainsprings of life, the forces which carry the individual through the world. They are: The self-preservation instinct, the race-preservation instinct, and the herd instinct. Manifestations of the first are hunger and fear. It compels the individual to provide for his nutrition and to protect himself from his environment. It is pre-eminently selfish and direct in its operation. The second, in its narrow sense, is manifested by the desire for sexual gratification; in its wider sense it gives rise to the great emotion of maternal and paternal love, filial love and friendship. It is essentially indirect and altruistic. The third may be regarded as a derivative of the other two emotions and enables us to live in communities as social

beings. These emotions demand satisfaction and their energies ordinarily find outlet in a healthy way directly, or indirectly by sublimation. They will otherwise be repressed and hence find outlet in unhealthy ways. The great purpose of training and habit formation, that is, of education in a broad sense, is to enable the individual to control these emotions wisely and to use their vast energies in a healthy way, to enable him to boldly face and efficiently control his environment and not to allow his energies to be dissipated in useless fantasy.

The great laboratory for this developmental work lies in the home. Nowhere else does one find work done from truly altruistic motives. There it is performed in response to the dictates of the race-preservation instinct. In general, work is elsewhere done by virtue of the self-preservation instinct which is essentially selfish. Therefore, any action of the State that transfers fundamental responsibilities from the home to the state, or reduces the influence of the home, is pernicious. Therein lies the fallacy of the theories of such socialists as Ellen Keyes who preach state reared children. No matter how lowly or how bad the home, there is almost invariably a spark of mother love to exert its influence on the young from birth onward. Anything the state can do to shield that spark and to fan it into a flame is of value. The preservation of the home is of fundamental importance to the race.

Our school system in the past has emphasized intellectual development and has shown a tendency to rob the home of some of its importance. That attitude is changing to some extent, and now the school is trying to supplement and not supplant the home. By the development of playground facilities and of manual training and domestic science, it is emphasizing the emotional and volitional as well as the intellectual. Children can learn to control themselves more by surmounting physical difficulties than by achieving intellectual successes. The young man or young woman who has learned to play a game cleanly, honestly, and to the best of his ability is likely to play the game of life in the same way.

The training of a child should begin the day of its birth. The unborn child may be said to be omnipotent. Everything is done for it and all its desires are satisfied. The infant is less so, but still its exertions are confined to breathing, suckling, defaction and urination, which are semi-automatic acts. Later, it learns to cry when it is hungry and then to reach out or creep toward and grasp whatever it wants. It is learning to overcome its environment. Year after year the individual's desires become more numerous and more complex and the satisfaction of these desires more difficult to obtain and more removed in point of time until we find the adult striving for the satisfaction of his own needs and desires and for those of his family, a satisfaction that may not be attainable for years, or that may even be problematical.

At each stage of development a more efficient mode of reaction is normally adopted. But abnormally less efficient modes may become fixed and carried on. This produces maladjustment to environment and may be one of the factors causing a mental breakdown in adult years. For example, we find a spoiled child flying into a temper and crying for things he should be striving for; and we find the adult wasting his energies in useless fantasy and sensitive seclusion instead of actively and fearlessly forcing his environment to yield him the reward he desires.

It is the duty of parents and others to foster in children correct mental habits so that these developmental milestones may be successfully passed. The more youthful methods of adjustment must be discarded at the proper time for more efficient and mature. In this way the young man and the young woman may be prepared for the struggle of life with the proper mental equipment for adequate adjustment.

Special Problems

The developmental period is not without its special problems, with which all having the responsibility of children should be familiar. There is first the abnormal child, the neurotic or psychopathic child. He is often said to be "highly strung." He may be timid, sensitive and seclusive. He may be excitable, violent tempered, or subject to terrifying dreams. Such a child requires exceptional care and deep sympathy. It is essential that parents frankly admit abnormal tendencies. We so often try to conceal even from ourselves these tendencies in our own children. This attitude is an unfortunate attitude and only robs the child of much needed assistance. In such a case the objective interests must be developed and the physical rather than the intellectual activities emphasized. For him outdoor life, outdoor games and outdoor work are essential. These children are often extremely sensitive, especially to ridicule and censure, and tend to become morbidly seclusive. Intelligent sympathy and encouragement is necessary to counteract this dangerous tendency. With care not only can the danger of a subsequent mental breakdown be avoided, but frequently this type of child may be developed into the highest type of citizen.

Certain developmental periods require special care. They are the periods of infancy, of puberty and adolescence. The importance of laying good foundations in infancy has already been emphasized.

Puberty and early adolescence is a period of many dangerous reefs. During it various conflicts arise between the established ideals and the newly awakened sexual emotions. Both boys and girls require special guidance. The interest should be largely objective. Hard Study should be avoided, especially in girls who seem apt to become unduly ambitious

at this time. Excessive fantasy-habits during this period are easily formed. Day dreaming is especially characteristic of this period and is, within limits, normal, but should be outgrown to a great extent as adolescence progresses. If the individual is seclusive, and healthy external interests have not been developed, this normal reaction of youth becomes fixed as a bad habit in the adult and prevents effective adjustment.

The third great problem is the teaching of the knowledge and meaning of sex. Sexual activities and interests are the manifestations of one of the fundamental emotions, an emotion that is bound to have some outlet direct or indirect, normal or abnormal. About it occur many conflicts and, without care, many dangerous repressions. All are agreed that young men and women should possess some knowledge of their instinctive natures, and that this knowledge should come through clean channels. The question is, when shall the child be taught and by whom?

We are told by some educators that it may be taught in school and if taught as any other branch of knowledge no undue curiosity will be aroused. They tell us that the morbid curiosity is due to our conspiracy of silence. This, I believe to be incorrect. Sexual curiosity is no ordinary curiosity. It is an interest surcharged with emotion dependent on the activities of an instinct no less powerful than the self-preservation instinct, and because less direct in its action more powerful in its interest. No matter when or where sex knowledge is taught one runs the risk of awakening untimely emotions and fancies, or of overstimulating those awakened. As the child's interest normally and spontaneously awakens, so should his desire for knowledge be slowly and tactfully satisfied. In other words, when he asks questions these may be simply and frankly answered in so far as his understanding will permit.

Under these conditions none but the parents are in a position to impart information regarding sex, and it is from the parents that it should always come. In cases where they feel themselves incompetent, they might presumably refer the child to some trusted and respected friend, such as, physician, teacher or other person. In the school may be taught the facts of biology with reference to plants and lower animals, but not all the facts of human physiology. Moreover, the child must have received the rudiments of his knowledge before he is old enough to study biology in school, or his playmates will have forestalled the teacher.

Once well past the age of puberty, young men and young women may be taught the facts of sex and the principles of fathercraft and mothercraft with profit by special teachers in our high schools, especially if the elementary facts have been properly learned in childhood.

Developmentally then the prevention of a mental breakdown depends on the development of a healthy body and a healthy mind, i.e.,

the rearing and training of individuals who have learned to control themselves and their environment.

IMMIGRATION

From a national and social standpoint the prevention of mental disease involves the exclusion of immigrants whose capacity for mental adjustment is low. During the last nine years 65.05% of patients admitted to the Brandon Hospital for Mental Diseases were born outside of Canada, though at the time of the last census (1911) only 41.87% of the population of Manitoba were born outside of Canada. From 1912 to 1915, the proportion of non-Canadian born was almost constant, at about 70%. Since 1916, the cessation of immigration due to the War has had an effect, and the percentage of foreign born admitted has steadily decreased, though it is even yet too high. The conclusions are obvious. Stringent regulations are required to prevent those physically and mentally unfit from entering or becoming citizens of Canada.

CONCLUSION

The prevention of mental breakdown, so far as our present knowledge and control permits, is to be attained by active steps in four main directions.

1. *Medical and Social.* By the adequate prevention and treatment of alcoholism and syphilis.

2. *Heredity.* By steps to prevent the bringing into the world of individuals likely to have a mental breakdown. This may be attained to some extent by contraceptive measures, and possibly, in certain cases, by sterilization, but chiefly by building up high social ideals and a strong enlightened public opinion, and by emphasizing the true object of matrimony.

3. *Development.* Ensure for each child a healthy body. Develop in each individual healthy habits of thought and objective interests, taking care that more youthful or inefficient modes of adjustment do not become fixed. Balance properly the child's physical and mental activities. Face frankly and take steps to counteract abnormal tendencies in the child. Open out the child with a sensitive and "shut-in" personality. Teach the psychopathic or neurotic child to control himself. Guide the boy and the girl through the troublesome period of puberty. Sex knowledge should be imparted to the child in the home by the parents as it is spontaneously demanded.

4. *Immigration.* Wise and well enforced immigration laws are required.

To-day, as was the case with Tuberculosis twenty years ago, the problems of mental disease are viewed with pessimism by the majority of the medical profession, but this attitude is changing and within a few years will, as in the case of tuberculosis, be replaced by a healthy optimism. In both tuberculosis and mental disease, however, prevention is better than cure.

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THE ORGANIZATION OF STATE INSTITUTIONS FOR FEEBLE-MINDED IN THE UNITED STATES

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THE following presentation is based on a questionnaire circulated in 1919 and the percentages derived are subject to errors inherent to the questionnaire method. Furthermore conditions in State Institutions for the Feebleminded are changing, and it is possible that some of the percentages that I shall give do not express exact situations to-day.

The questions submitted were as follows:

Institution..... Date.....

1. Annual admission rate?..... Any restriction as to age?.....
   Do you admit under judicial commitment?..... What per cent?.....
2. Daily average census.....
3. Do you admit both sexes?..... If not, which one?.....
4. Do you admit epileptics?..... What per cent?.....
5. Is the executive head of your institution a physician or a layman?.....
6. How is he appointed (a) by board of trustees, (b) state board of control, (c) governor, (d) from civil service, (e) or other method?.....
7. Does he have direct charge of the "maintenance and operation of the plant"?.....
8. If so, what proportion of his executive day is thus used?.....
9. Number of resident physicians.....
10. Number of resident or non-resident psychologists.....
11. Number of resident or non-resident pathologists.....
12. Number of physicians on visiting or consulting staff.....
13. Do you have staff conferences for consideration of cases?.....
    If so, how often?..... Attended by.....
14. Do you maintain a dispensary or out-patient clinic?.....
15. Does your institution serve a certain district for consultation, examination and psychometric testing?.....
16. Do you have a psychological laboratory?.....
17. Do you have a pathological laboratory?.....
18. Do you have a clinical laboratory?.....
19. Number of autopsies in 1916..... In 1917.....
20. Do you do neuropathology?.....
21. How many social service or field workers have you?.....
    Do they perform after-care, or do they collect history data?.....
22. Do you "place out" cases, in domestic service?.....
    Elsewhere?.....
23. Do you maintain a colony?..... How many?.....
    Population and nature of each?.....
24. Do you operate a training school for attendants (nurses)?.....
    For teachers?.....
25. Indicate the relative importance of pedagogical (training), medical (psychiatric) and custodial care in an institution for the feeble-minded.....

(Read at the 1920 meeting of the American Association for the Study of the Feeble-minded, Cleveland, Ohio.)

26. Is your scholastic work a separate department from industrial?.....
Separate heads for these departments?.....
Under whom is the "sense training"?.....
27. Do you have a scientific library?.....
Approximate number of volumes?.....
28. Number of scientific periodicals received.....
29. What equipment have you for special medical treatment (surgical, hydrotherapeutic, syphilotherapeutic, etc.).....
30. Is your institution used for teaching purposes (medical instruction, etc.)?.....
31. Do you have a barred or closed ward or building for troublesome or delinquent cases?.....

There were 41 state institutions for the feebleminded in the United States at the time of the survey and returns were obtained from 33.

The replies to the 31 questions are analyzed and summarized in the following paragraphs.

Size of Institutions. In 32 institutions the number of patients under care varied from 46 to 2,293, with a median of 590. In the upper quartile were eight institutions with an average of 1,700 and in the lower quartile there were five with less than 100. The average for this quartile was 100. It is thus apparent there is wide variation in size of the institutions with a group in the lower quartile very small for State institutions. This fact should be kept in mind in our general findings as well as in our recommendations.

Age. Fourteen or 42% had no restriction for admission; 7 had as lowest limit 5 years or school age, 1 admitted only males between 6 and 16, and another limited all admissions to the span between 5 and 20.

Commitment. Judicial commitment was at least one of the methods of admission in 32 out of 33. The proportion of such admissions varied widely, 14 reporting 100% judicial commitment, the balance ranging from 1 to 99%, with a mean of 25%.

Sexes. Thirty received both sexes, two females only, and one males exclusively.

Epileptics. Twenty-two or 66%, admitted epileptics in proportions varying from 5 to 50% of their total population.

Superintendent. In twenty-seven or 83% the superintendents were physicians. Four had lay superintendents and one of these had dual control.

Method of Selection. In only those instances, was it apparent that Civil Service had any part in the choosing of superintendents. In most cases the selection was made by a board of trustees, managers, or a State Board of Control or Administration.

Distribution of Superintendent's Executive Day. Of the twenty who replied to this question, ten stated that their entire time was occupied

with executive duties involved in the management of the institution, and ten spent at least half the time thus engaged. It was endeavored to bring out how much time the average superintendent devotes to clinical and medical work in contrast to purely administrative duties.

Medical Staff. Eight institutions, or 25% reported no resident physicians. As one of these had a lay superintendent we may infer there was no resident medical service in that institution. These eight institutions were for the most part the smaller ones, but there was one of more than 600 and one of 400 patients.

Nine institutions had only one physician in addition to the superintendent, seven had two physicians, two had three, four had four, and two had five.

Exclusive of superintendents the general average was one physician to about 450 patients.

Pathologists. Twenty-eight, or 85%, reported no pathologists, three had one, and one had two.

Autopsies. Of the twenty-seven answering this question, eighteen reported no autopsies held in 1916-17; in the remaining nine institutions the autopsies varied from 5 to 53 in the two years. The total cases that were sectioned were 233.

Neuropathology. Of the twenty-eight replies, twenty-five reported no neuropathology, two reported such studies were made and one replied that the material was sent to a central laboratory.

Laboratories.

CLINICAL. In thirty institutions, nineteen had no clinical laboratory, and eleven reported some sort of provision.

PATHOLOGICAL. In the same thirty, there were only four pathological laboratories.

PSYCHOLOGICAL. Again in the same group, there were nine psychological laboratories.

Psychologists. Of thirty-two institutions, twenty-two reported no psychologist, eight reported one and one had two.

Pathologists. Of thirty-two replies, twenty-seven had no pathologists, three reported one and one had two.

Consulting Staff. Of thirty-one institutions, seventeen had no consulting staff, the others ranged from a staff of 1 to 27.

Staff Conferences. Sixteen of thirty had no staff conferences, the other twelve were about equally divided into conferences once, twice or three times per week.

Dispensary or Out-Patient Department. Of thirty-one hospitals, twenty-three had no such department.

District Service. Eight reported they served a district for con-

sultation, examination and psychometric testing, and twenty-two exercised no such function.

Social Service. Of thirty-two, twenty-five had no workers in the field in any capacity, three had two, and four had one.

Placed-Out Cases. Of thirty institutions, eight placed out-patients, practically all in domestic service.

Colony Care. Of thirty-one institutions, sixteen reported no colonies, the remaining fifteen had from one to seventeen.

Training Schools.

FOR NURSES OR ATTENDANTS. Six out of thirty had such provision.

FOR TEACHERS. Only one reported affirmatively a summer training course for teachers for special classes.

Libraries. Of thirty institutions, fourteen reported no scientific library. Of those who possessed libraries a wide range in number of volumes was rated, one as low as 12, another 3,600.

Scientific Periodicals. Of twenty-eight institutions, twenty-five were receiving scientific periodicals, varying from 1 to 10 in number.

Barred Wards. Of thirty-two institutions, thirteen reported one or more barred or closed wards for troublesome or delinquent cases.

Clinical Teaching. Of thirty, only seven were used for medical instruction.

Question No. 25 was: "Indicate the relative importance of pedagogical (training) medical (psychiatric) and custodial care in an institution for the feebleminded." My intention was to obtain an expression of opinion as to the relative importance in State institutions of the three general divisions of the service rendered. Only nine attempted a reply; of these, four placed custodial care first, five pedagogical first, seven times medical service was last in importance, and one placed pedagogical last.

Now if I may make a few deductions and suggestions. It is apparent that the State institutions for the feebleminded in the United States are in a developmental or transitional stage. This is evident by the wide variation in organization, equipment and personnel. It is also apparent that too many are simply custodial in function. Furthermore there is evident need of development along all scientific lines. The problem of mental defficiency is a many sided one and the modern State institutions should be a local center able to cope with each of the branches so far involved; medical, psychiatric, psychologic, pedagogic and social, and should serve a certain district of a State or the whole State not only as a respository for cases, but for outpatient and preventive work such as the best type of hospitals for the insane now carry on.

The medical staffs are entirely too small—the ration of 1 to 450 is insufficient to permit any but routine medical or administrative duties

Larger staffs must be provided to bring institutional work up to standards already set by scientific workers in allied fields. May I quote in this connection some inspiring lines, each of which I would mentally underscore, from a 1915 report of Dr. Geo. F. Edenharter to Board of Trustees of the Central Indiana Hospital for the Insane.

"The State should not yield to any influence or persuasion that would attempt to found a new institution, or a new division for any existing institution for state care or isolation of any class of mental defectives, no matter under what guise or system that does not contemplate, include and provide as an integral and component part of its organization, a complete and competent medical service for continuous medical observation, medical supervision and medical and surgical treatment of all of the individuals committed thereto."

It is rather surprising that 220 autopsies were made on feebleminded in State institutions in 1916-17. One wonders what studies were made on the cases by the 9 institutions reporting them, especially as 25 of 28 institutions stated they did no neuropathology. It would help a long way toward a better understanding of the mental deficiencies if the wealth of material that annually becomes available in institutions could be adequately worked up along the various pathological lines. For complete neuropathological work the solution seems to be state laboratories rather than individual institutional ones.

Private grants or the large foundations have in this field a great opportunity for service in view of existing conditions, their aid really is necessary to inaugurate and foster neuropathological investigation and research on an adequate scale.

Finally may I summarize the foregoing into "fourteen points," based on this questionnaire survey.

1. There should be no restrictions as to age in institutional care. In this respect, age and mental deficiency have no relation. Nor should there be any restriction as to sex.

2. Adequate commitment laws are necessary but the process of commitment should be easy, with a minimum of red tape. Judicial commitment should always be available where required, but should not be the only means of admission to a State Institution.

3. Epilepsy is essentially a different problem and should be cared for in a separate institution.

4. The Superintendent should be a physician and the more training he has in psychiatry, psychology and sociology, the better.

5. The resident medical staff should number at least 1 for every 200 patients.

6. An active consulting or visiting staff is a necessary adjunct.

7. Clinical medicine, pathology and psychology are essentials and

every institution should have the personnel and equipment to carry them on.

8. Arrangements should be made to utilize the pathological material that comes to autopsy.

9. Each institution should be an active center for all that pertains to mental deficiency. This necessitates an outpatient department, travelling or hospital-extension clinic and social service.

10. Placing-out and after-care supervision of paroled cases should be much more developed.

11. Colony care is well established in some states and should also be utilized to a much greater extent.

12. Institutions that are sufficiently large should have training schools for nurses and teachers.

13. The general supervision of the pedagogical work in institutions should be vested in the State Department of Education. This would tend to maintain standards and would also provide means of training teachers for special classes in the public schools.

14. An affiliation or working relation between medical school and institution is of mutual advantage and should be fostered whenever possible.

OUR ATTITUDE TOWARDS THE MENTALLY DISEASED

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BY the introduction of new legislation in regard to the mentally diseased in March, 1919, and the opening of the Psychopathic Hospital, Winnipeg, in October of the same year, the Province of Manitoba made a distinct advance towards the solution of the problem of mental disease. It has been the first province in Canada to respond to an awakened public opinion on these matters by enacting laws which provided for the application of more humane principles in dealing with the insane. By this act the very word "Insane" has been removed from our statutes; we no longer have "Insane Asylums" or even "Insane Hospitals", but "Hospitals for Mental Disease." It may be said that this is but a change of name. A denial of this, were it necessary, does not come under our present subject, but it can be pointed out that even this change of name will promote a more favorable attitude towards those suffering from mental disorder, especially among those people who have been satisfied to use words like "lunacy" and "insanity" as if they were more closely related to criminality than to disease. A more concrete indication of real advancement is that the individual who is mentally diseased may now be accepted for treatment in a hospital without the intervention of the police as was formerly the custom. He may be admitted to the Psychopathic Hospital in the same way as a patient is admitted to any hospital, that is, voluntarily or on the application of friends or relatives. Unfortunately, compulsory admission in certain cases is still necessary and always will be necessary, that society may be safeguarded against those who have undesirable tendencies with an inability to realize that they are victims of mental disease. However, it is apparent that the trend of public opinion is towards greater consideration for the feelings of the patient and less stringency in the interference with his individual rights. The Golden Rule, ever our guide in fulfilling "our duty towards our neighbor" must prevail in our dealings with the insane almost as fully as with the sane, and public opinion, as reflected in the Law, has come to recognize this.

What has brought about this advance, this more favorable attitude towards the mentally diseased? Evidently a wider knowledge as to the nature of the underlying causes. In the past the examples of barbarism in the treatment of the insane have taken place where gross ignorance prevailed as to the nature of the ailment. The mediaeval diagnosis was that the unhappy victim was "possessed of a devil", and the treatment

prescribed and summarily carried out was "death at the stake". Later, although such supernatural explanations of the disease were discarded and burning at the stake was no longer tolerated, there was still a lack of sympathy for the patient shown in the methods of dealing with the disease. The most extreme forms of restraint were used, very often when there was little, if any, need for restraint. Lunatics—so called, were often heavily manacled and chained down in small, bare, poorly lighted and poorly ventilated cells for years on end. Ingenious machines were devised for bringing an insane person back to his senses. The "tranquilizer", a device for rotating the victim until he was too dizzy to do anything but reel was an example of a product of the ingenuity and ignorance of a doctor of a century ago. Even today there are people who show no more sympathy for the patient or consideration for his rights than to suggest that he be allowed to die through neglect or even be helped on his way. There still seems to be a feeling in the lay mind that the person who has become insane has passed forever beyond the pale of human society with no hope of return to his former walks of life. It is important for us to remember that there are few cases which cannot be improved by proper treatment and that there are many which can, to all intents and purposes, be cured.

The attitude of hopelessness towards mental disease in the past has served to rob many a curable case of his right to treatment and it still operates, along with delay in diagnosis and faulty methods in treatment, against the chances of cure in numerous cases.

So much for the attitude of society in general towards the mentally ill. How must we, who are directly concerned with their care, regard our patients so that they may get from us the optimum of sympathy, discipline and general care which will promote recovery? We must have some idea as to the nature of the diseases affecting our patients. What is mental disease? In general terms it is mal-adjustment, a failure of the individual's adaptability to his environment. Something has cropped up in the patient's life which he, through misfortune of birth or errors in early training has been unable to deal with according to his own ideals or the standards of social convention. A mental breakdown is a relative thing, a matter of balance between the individual's mental equipment and the degree of mental strain to which he is subjected. There is thus no immunity to mental disease. Some cases of mental disorders begin in early adolescence when, because of inherited mental instability or bad mental hygiene in childhood, merely the awakening of the new instinctive demands and new emotional forces associated with the onset of puberty is enough to bring about a breakdown—a mental failure. Others meet their mental Waterloo later in life. Some are susceptible to the action of certain toxins on the brain cells and develop a delirium with an infectious disease, alcohol, etc. Others cannot bear up under the emotional strain of bereavement,

financial reverses, etc. For many the menopause is a critical period. Others weather all the stress and strain of an active, turbulent career only to show a mental decline in old age.

General Pareses (G.P.I.), cases of which may be seen in any General Hospital, is, of course, the result of specific disease, and here the serious organic changes in the brain have deprived the patient of his power of mental adaptation to his surroundings.

Thus, whatever the cause, it may be seen that there has been a struggle to maintain mental equilibrium. The symptoms are the outward expression of the failure to find a satisfactory solution of the mental conflict and a compromise by complete self-suppression, irresponsible self-expression or a wish-fulfilling dissociation of the personality, etc.

Just how all the symptoms arise cannot, in many cases, be satisfactorily explained even by the most erudite psychologists. The mechanism by which the various disorders in consciousness, perception, attention, memory, idea-formation, emotion and volition are produced must remain, in most cases, largely a matter for speculation. What is of more importance than a knowledge of this is the realization that here is a mind diseased, not an individual bent on mischief or crime; here is an unwilling victim of certain pathogenic influences and as such is entitled to pity rather than to censure, ridicule, ostracism, or, worse still, neglect. Above all the patient needs scientific treatment and humane care and whether or not he will receive this will depend largely on the attitude of those responsible for his safety.

The nursing of the so-called "mental case" is looked upon by many as a duty to be avoided rather than gladly assumed. By those whose only knowledge of mental disease is that gained by a short acquaintance with a delirious patient, a fleeting glimpse of a bedraggled figure in the custody of the police, or the perception of strange sights and strange noises in the neighborhood of a mental hospital, the life of a mental nurse is thought to be fraught with considerable danger to life and limb, and even to the nurse's own sanity. A few repulsive impressions become exaggerated in the mind of the observer until the mere thought of a case of mental disease suggests a nightmare of terrors and dangers filling each hour spent with the patient. Such a state of mind is unwarranted; this is fear engendered by ignorance. It is true that there are many cases of mental disease which are dangerous to be at large but many of these cases when removed to hospitals and handled with tact, intelligence and kindliness become tractable and inoffensive. Most cases confined in mental hospitals are agreeable and harmless throughout their illness and require only a tactful consideration of their peculiarities. Among chronic cases which have shown little intellectual deterioration may be found entertaining conversationalists, agreeable companions or skillful workmen. As regards acute

cases which tend to recover, the steady progress shown from day to day, the contrast between the condition at the time of discharge and that at the time of admission provides fully as much cause for gratification as recovery in medical or surgical cases.

It is not to be denied that the care of cases of mental disease is a trying occupation and one that exacts the utmost vigilance, unflagging energy, presence of mind, intelligence and, in fact, all those qualities which we associate with a good nurse. In mental disease, perhaps more than in any other disease, the personal element in the care of the patient is of the highest importance. Those who can come quickly into accord make a hit, as it were with their patients, those who have the ability not only to be of service to the patient but to convey to him the idea that they are with him and not against him are going to be rewarded with success in a greater proportion of cases than those who are very efficient in the technical part of their duties but who are unable to exert any beneficial personal influence over the patient. Indeed there are many people who are capable of doing more harm than good no matter how well-meaning they are, simply because, through ignorance or carelessness, they fail to apply the elements of every-day practical psychology in their dealings with the patient. Let it be admitted that there are many victims of mental disease who are oblivious to all external impressions and whose behaviour seems to be unrelated to any ideas which others may try to convey to them; still there are many of these who respond instinctively to kindness and persuasion much more readily than to command, and there are many more who are highly susceptible to the least gesture or change of expression in those in charge, and seem to know intuitively whether or not a doctor, nurse or orderly is genuinely in sympathy with them.

It may be seen, then, that anyone who aspires to care for the mentally ill needs to be endowed with some of the simple virtues as well as a normal amount of intelligence and good physical health. Patience, equanimity, sympathy, and sincerity perhaps head the list. And yet all these may be misdirected if that rare and indispensable quality known as tact is not used.

Perhaps equally indispensable is a good temper which will remain unruffled by any misconduct on the patient's part; and a sense of humor, not for the appreciation of the ridiculous in the patient's behaviour, but rather for the preservation of a light heart in the face of difficulties.

These are allied to another necessary virtue, courage. The timorous are almost useless in the care of mental cases; fear saps one of whatever other merit one possesses. Fortunately in most cases fear of a patient passes off with a better acquaintance with his peculiarities. There will be times when the patient's words or actions may well inspire fear in the attendant and if not dealt with tactfully and promptly a serious situation may ensue.

There may be many cases whose actions are so objectionable and exasperating to those in attendance that the patience of Job would have been sorely tried,yet even these things the successful mental nurse learns to deal with with no show of temper. An inability to control the temper is fatal to the successful nanagement of many types of cases. A cheerful disposition, a smile or pleasant remark in the face of the verbal abuse or misconduct of a patient, who has perhaps involved you in his or her delusions, is often the most difficult to show, but the ability to do so characterizes the successful mental nurse and indicates the sincerity of effort and the hope of success which marks the proper attitude towards cases of mental disease.

A CHANCE FOR MENTALLY DEFECTIVE CHILDREN

The Special Class, or as it is called in Ontario, the Auxiliary Class, is making its way in Canada. Halifax was one of the first cities to establish such classes. Victoria has had special classes for years and their success is a matter of interest and satisfaction to the community, who recognize the value and importance of the training given to these children, and the consideration and kindness with which they are treated. Vancouver has several teachers engaged in this work. Edmonton, Calgary, Regina, and Winnipeg have all made a beginning and every year the interest in this work grows and the work itself extends. In Ontario, a beginning has been made in Toronto, Ottawa, Hamilton, Brantford, Windsor and Guelph, but progress has not been rapid. A hopeful sign is the conference of Auxiliary Class teachers which was held in 1920 and in 1921 in connection with the Easter Annual meeting of the Ontario Educational Association at Toronto. The good attendance of Auxiliary Class teachers at these two conferences and their energy and enthusiasm as well as their excellent knowledge of Auxiliary Class work speak well for the future of the movement in Ontario.

In Montreal and elsewhere in Quebec, much interest is taken in the subject and with the valuable assistance of the Canadian National Committee on Mental Hygiene there as in other provinces, good work is being done.

To all those aho are interested in the care and training of mentally defective Children, the best field of work is the National Schools. That is the place to discover the "Almosts," to find out and develop their gifts and to give them the best possible training and most suitable opportunities. In connection with our schools too, and especially with the medical inspection of schools, a beginning can be made of that confidential scheme of registration of the mentally-defective which must necessarily be the foundation of any system of adequate and kindly care and control for mentally defective persons,—a control which should protect the mentally defective person and provide for his independent maintenance as far as possible and for his happiness, but which should also protect society from the anti-social acts and tendencies of some mentally defective persons, and above all, should protect posterity from the curse of mental defect.

Editorial—C. M. A. J., June 1921

NOTES AND NEWS

EXTRACT FROM THE SECOND ANNUAL REPORT OF THE NEW YORK STATE COMMISSION FOR MENTAL DEFECTIVES

Field Agents

The four field agents for the Commission were appointed by the Legislature of 1920. In advocating the creation of these positions, the Commission had two reasons. The first is that any program for the care and provision of mental defectives must consist in providing adequate extra-institutional facilities. The emphasis must in the future be on community rather than on custodial care. The industrial situation during recent years has shown us that there is a place in the labor market for so-called defective labor. An increased demand has been made on account of the economic condition, but there are many instances to prove that the fact remains true that trained defectives can be remuneratively employed and that feeble-minded individuals are and have been working more or less steadily at a variety of jobs for which they received in many cases something more than a living wage. Rome colony experiments have shown the value of the labor of defectives after a period of training, and these two things taken together seem to point the way towards supplying defectives with occupations which render them healthier, happier and more useful to themselves and others.

The records of the various penal and reformatory institutions in the State are uniform in showing two things: (1) A tremendous amount of recidivism, and (2) A large percentage of mental defect. If we are to stop this stream of recidivism at its source, we must diagnose these cases of mental defect if possible before they come up for their first term.

Every defective is not potentially delinquent but with his lack of intellect there is weakness of will and an extreme suggestibility which makes it more difficult for him to keep out of crime. It takes some time for a defective who has been taught good habits to get out of the way of them. The story, told by Dr. Fernald, of the defective lad, paroled from an institution, whose employer's only complaint was that the boy could never be persuaded to stay out of bed after eight o'clock at night, illustrates this point. As we said in our last annual report, the Commission is of the opinion that if every 16-year old graduate from the ungraded classes could be looked after and guided, could be watched and advised as to the best direction for his industrial efforts, if the parents could be instructed as to their responsibilities, a solution of the problem of the defective delinquent would begin to dawn.

When a child leaves the ungraded class he leaves also, in many cases, the last trace of authority and wise jurisdiction. He may go back into a home where his general dullness is recognized as a burden which must be borne by the family. No effort is made to train him for the right sort of a job. The result is a succession of unsuccessful attempts, job after job with its consequent expense to various employers and periods of idleness during which the boy or the girl is largely without supervision and is constantly in great danger of getting into trouble. Eventually he may land in a Children's Court, and if this is a good one, his defect may be recognized and instead of a long series of sentences to homes, reformatories, or penal institutions, he may be given the proper supervision.

It is at the point where the child leaves the ungraded class that the Commission's field agent steps in. At present because of the small staff, the work is concentrated for a training period in New York City. Miss Elizabeth Farrell, supervisor of Ungraded Classes for the New York City Department of Education, has from the first been interested in the Commission's plan for field agents and has given valuable advice and counsel as to the organization of the work. For the present most of the cases which the State agents are investigating are referred by the Department of Ungraded Classes and include discharged cases and those excluded for various reasons. The Department of Ungraded Classes gives the agents a summary of information about the child to date. They retain all their own records adding a note that the child has been referred to the Commission and then close the case. The family is visited by one of the field agents as soon as possible thereafter. All information and complete record of action taken is written upon specially prepared blanks and filed with the data previously received. It is planned to visit each child under the care of the Commission at least once a year. "Closed" cases are considered closed for the year only and will be visited again at the end of that time. Cases which require continued attention are kept among the visitors' current cards and are visited as often as expedient. Cases to be revisited after an interval of several months are filed under the date set for a revisit. In every case visited, an attempt is made to establish friendly relations with the family. Advice is given to the parents in regard to home-care, supervision, companions, etc. Any necessary information is imparted regarding clinics of various sorts. In homes where the child is not receiving proper care or where the parents do not seem able to control or adequately supervise the child, institutional care is suggested and the parents are told how they may secure it. Children looking for employment are given what assistance can be offered. At present this consists mainly in bringing them into contact with the nearest employment agency.

It appears not only that there is ample work for these four field agents, but there is reason to believe that the service they render is already proving acceptable to the individuals and families concerned.

Another reason for requesting the creation of these field agencies is the very great overcrowding of our present institutions and the consequent need for additional bed space. The cost of building has been so prohibitive since the war that the Legislature has not approved continued requests for additional buildings. Field agencies, if they succeed in keeping children out of institutions, will therefore do much to relieve overcrowding, make beds available at the institutions for the custodial low grade type of case and the possibilities for reducing the amount of Juvenile delinquency are not small.

NATIONAL COMMITTEE ON PRISONS AND PRISON LABOR.

STATEMENT OF STANDARDS WHICH SHOULD BE ADOPTED BY THE SEVERAL STATES IN CARING FOR DELINQUENT GIRLS AND WOMEN

A

This Committee stands for the principle that delinquent girls and women should be cared for by women from the time they are arrested until they are returned to the community.

Pursuant to this principle:

I BEFORE CONVICTION

1. The system of employing women on the police force should be extended wherever possible.

2. We approve of the further development of the probation system, and the increased employment of field-workers and preventive agents.

3. We approve of the establishment of detention houses for girls and women, officered by women, and providing for proper classification and separation of different types of offenders.

II AFTER CONVICTION

We recommend:

1. The establishment by the state of a central clearing house, to which convicted girls and women should be sent for scientific study,

including physical and mental examination, and study of family history, home surroundings and previous experience in life; and from which such girls and women shall be returned to the court for sentence with recommendations as to their distribution in accordance with the findings of these examinations.

2. That for all juvenile delinquents who are mentally capable, the state provide a training school, offering academic, vocational and industrial courses adapted to the needs of the various grades and as a preparation for self-support.

3. That for all mentally capable women, regardless of age or type of offense, the state provide a reformatory.

4. That separate provision be made by the state for delinquent girls and women who are mentally or otherwise incapable of profiting by the training of the training school or reformatory.

5. That all those committed to these institutions be under an indeterminate sentence.

III When Returned to the Community

We recommend that the parole system be greatly extended and improved as being the chief preventive of recurrent delinquency, and that the number of parole officers be increased sufficiently to secure the success of the system.

B

This Committee recommends the following standards for these State training schools and reformatories:

1. That they be controlled by a small board composed of both men and women, preferably five in number and not to exceed seven.

2. That the superintendents be women.

3. That they be located in the country, accessible to a city or town, but sufficiently removed to provide land for the expansion of a growing institution; and that they be developed on a cottage and community plan, providing for outdoor work and recreation.

4. That the construction at these institutions of small, inexpensively built cottages with single rooms, approximating as nearly as possible a home unit, be encouraged.

5. That the medical programme in these institutions be standardized; and to that end, each institution employ a woman physician, resident if possible; that the methods of diagnosis and treatment of

venereal disease prescribed by the recognized current authorities be employed; and that the best known methods of diagnosis and treatment be adopted in the case of all other diseases and defects.

6. That some form of student government or other civic expression be established in these institutions.

C

1. This Committee will endorse requests made by heads of institutions for the care and training of delinquent girls and women, for appropriations necessary to maintain staffs adequate in number and type; and also the efforts made by such superintendents to secure (1) A fair standard of hours of work for employees and (2) A fair scale of salaries, on the basis of equal pay with men for equal work, the standard to be decided by comparison with the hours of labor and salaries in the community.

2. At a conference called by this Committee in Washington, D.C., December 3, 1920, it was resolved to endeavor to impress upon the women's organizations of the country the fact that the delinquent girl or woman, being a community product, is a community problem; and to urge that they co-operate with heads of institutions and others engaged in preventive work in meeting this joint obligation.

3. To this end, this Committee empowers its chairman to present this report on standards to the Social and Industrial Conditions Division of the Public Welfare Department of the General Federation of Women's Clubs with the request that it be given circulation throughout their membership.

DECIDED DROP IN INSANITY CASES FROM ALCOHOL AND DRUGS

The favorable effect of prohibition so far as the insanity rate in New York State is concerned is indicated by official figures, which form the basis of an article by Dr. Horatio M. Pollock, Statistician of the State Hospital Commission in *Mental Hygiene* on "The Decline of Alcohol and Drugs as Causes of Mental Disease."

"The decline in the rate of first admissions during the past year is very significant" writes Dr. Pollock. "From it we catch a gleam of hope that the heavy burden of insanity now resting on the people of the state may gradually be made lighter."

The figures given show that in 1909, 10.8% of all first admissions to the state hospitals in this state were due to the excessive use of alcohol. For the year ending June 30, 1917, practically covering the year im-

mediately prior to our entrance into the war, 8.6% of first admissions were of the alcoholic type. In 1918, under the wartime ban on strong drink, the alcoholic first admissions dropped to 5.2%; in 1919 to 4.0%; and in 1920 under constitutional prohibition, to the low level of 1.9%. It must be borne in mind also that this 1920 low record is for the year ending June 30, 1920, and that during the fiscal year the federal prohibition amendment was in force for only 5½ months. Of the 122 new cases of alcoholic insanity admitted to the civil state hospitals during this fiscal year, 75 reached the hospitals before January 16, 1920, and only 47 after that date up to the time Dr. Pollock wrote the article.

Moreover, as Dr. Pollock points out, nearly all forms of alcoholic insanity result from long continued and excessive use of alcohol and it would therefore be expected that some cases would develop after the public sale of intoxicating liquors ceased. The marked reduction already noted would indicate, however, that excessive drinking has been much lessened.

DRUG CASES LESS, NOT MORE

An interesting side light is that the fear of many people that the abolition of alcohol as a beverage would lead to increased indulgence in the use of narcotic drugs has not been realized. During the past year the drug cases among first admissions have actually been less than in the year previous. In 1920, drug insanities represented only 0.2% of all first admissions.

How much effect will the decrease in alcoholic insanities have in lowering the general incidence of mental disease? Dr. Pollock gives in his article a table showing the rate per 100,000 of general population of all first admissions to the civil state hospitals in New York State from 1909 to 1920 inclusive. From 1909 to 1917 there was a steady trend of increase in this rate, reaching the conspicuously high figure of 69.0 per 100,000 in 1917, due, in part, no doubt, to the great emotional disturbances accompanying the entrance of this country into the war. Since 1917, coincident with the decrease in the alcoholic rate, this general insanity rate has also steadily declined to 67.3 in 1918, 66.3 in 1919 and in 1920 to 63.3, the lowest general rate of increase in this state since the year 1912.

The Province of Manitoba has embarked on an extensive building programme in connection with the care of the Feeble-Minded and Insane. During the past year the first unit of the school for the feeble-minded was commenced, a colony building was completed, a nurses' home and psychopathic unit commenced at the Hospital for Mental Diseases.

Brandon, and a new laundry building supplied at Selkirk. During the present year work will be completed on the two units at Brandon, a psychopathic unit completed at Selkirk and a second building added to the school for the feeble-minded at Portage la Prairie.

A FRENCH LEAGUE OF MENTAL HYGIENE

In April, 1920, the French Minister of Hygiene and Prevention instituted a Committee of Mental Hygiene. This has now been supplemented by an unofficial League of Mental Prophylaxis and Hygiene (Ligue de prophylaxie et d'hygiene mentale) which will be devoted to a study of all questions relating to mental health as it concerns the individual and communities. Indeed, the activities of the League as outlined will cover much wider ground than our own National Committee for Mental Hygiene. It proposes to open dispensaries for rational and harmless psychopaths, to influence legislation, to direct and assist research and to institute active propaganda among all classes.

The League desires affiliation and co-operation with similar organizations in other countries and will welcome inquiries and suggestions.

The President is Dr. Antheaume, a distinguished psychiatrist and publicist, and the secretary is Dr. Genil-Perrin, 99 Avenue de la Bourdonnais, Paris, France.

DUTCH SOCIETY OF MENTAL HYGIENE

Headed by Dr. Ariens Kappers and Dr. B. Brouwer, a society for the scientific study and promotion of nervous and mental therapeutics has been formed in Holland. It includes all the professors in neuropathology and psychiatry in Holland and several pharmacologists. The society is sustained by subscriptions. It publishes a periodical called "Neurotherapeutics," for which contributions are accepted in all modern languages. Contributors are paid $13 for each sixteen pages of printed matter. The society also invites foreign physicians to deliver lectures on their work, Professor Petren of Sweden and Prof. F. Plaut of Munich being among recent lecturers. It is expected that Levaditi will lecture to the society in October. In an announcement, physicians are offered membership for the annual fee of 10 florins, life membership for 250 florins or associate membership for 5 florins yearly or a single sum of 100 florins. The society may be addressed through the secretary, Dr. B. Brouwer, Konninginneweg 170, Amsterdam.

FIRST SESSION OF THE FRENCH LEAGUE OF MENTAL HYGIENE

The first session of the French League of Mental Prophylaxis and Hygiene was held in Paris, June 1. Addresses were delivered by the president, Dr. Toulouse, and by Justin Godart who defended the right of the insane to support by the government; by Prof. Jean Lepine, who requested the creation of dispensaries for psychopathic patients, and by Dr. F. Williams, director in France of the Rockefeller Foundation. Requests for admittance to membership in this organization should be addressed to the Secretary, Dr. Genil-Perrin, Avenue de la Bourdonnais 99, Paris, 7th arrt.

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VOL. III MONTREAL, OCTOBER, 1921 No. 3

THE PRESENT DAY ASPECT OF CANADIAN MEDICAL JURISPRUDENCE*

PRESIDENTIAL ADDRESS BY E. W. RYAN, M.D.

Superintendent, The Ontario Hospital, Kingston, Ont.

I wish to offer to the members of the Association my profound thanks for the honor given me in electing me for the second time President of this very important scientific organization. This is a flattering testimonial which I feel more profoundly than I can express.

Looking back over the year that has passed I can but feel that already the Association has been productive of results lasting in their benefit to science and to the community. It has stimulated, possibly more than we can appreciate at the moment, study and research; increased our store of knowledge in the broad and important field of Neuro-psychiatry; and above all I think it has profoundly impressed the younger members of the Association with the beauty and nobility of the labour in which they are engaged. It has created in them an instinct for the work, cultivating the spirit of research and discovery to a degree that will not perish nor pass from the land.

In opening this, the second term of my presidency, I wish to say a word or two on a subject of rare interest to the medical profession and to the public at large. Possibly it is well that the discussion of this important matter should find its origin in the ranks of the Neuro-psychiatric Association, for, after all, it is with the psychic element that the subject finds its importance. I am referring to the present day aspect of Canadian Medical Jurisprudence.

Some years ago I was called to give evidence in a famous Midland case. The setting in this case was an unmarried man of 75, who was possessed of considerable property. It was considered by his relatives that an attack was to be made upon him by the friends of a young lady, with a view to matrimony; hence the relatives of this man placed

*Read at the Ontario Neuro-Psychiatric Association, Mimico, Sept. 16th, 1921.

guards in the house. The evidence showed that the guards were overpowered one night, the lady came on the scene with a minister, and the marriage was forthwith performed.

In my examination of this man it was clear that he was well advanced in the childish form of Senile Dementia. He stated that George the fourth was then King of England and Sir John MacDonald Premier of Canada. He declared that his brothers were alive and that he had seen them within the last two days, although they had been dead for many years, one having died in an asylum. He was positive that he was not married, had no wife, that he never was married, although his wife was in the next room and had been living in the house for some time; yet physicians, in the witness box, stated that the man was quite all right, in fact not only was he not senile, but mentally alert and with a capacity for business, thought and observation quite beyond the average man of his years. The judge of the Court of Appeal practically disregarded the medical evidence and paid a personal visit to the man's house to study his mentality. This case dragged from court to court and finally was settled by some form of compromise. The elements in this case are not unusual, more especially in the cases of the disposal of property. Indeed it is a difficult matter at the present time, due to conflicting medical evidence, to secure an unbiased scientific opinion, that would be a safeguard to a judge and jury, and that would form a sound, scientific precedent for medical jurisprudence.

The well-known New Brunswick will case, which forms the precedent for Canadian jurisprudence, is worthy of being brought to your attention. The man had made a will leaving his property to his wife and family. Subsequently a strong Paranoid trend appeared, with marked delusions. The man felt that his wife and son were in a conspiracy against him. He applied to his former lawyer to change the will, taking the property from his wife and family and giving it to a nephew. Upon being questioned by the lawyer the reason for this extraordinary act the man stated there was a reason and gave the reason as above. His lawyer refused to act further but the will was drawn by another member of the legal profession. This man died in an asylum a few years later. The will was contested by his wife, but it was upheld by the Court on the ground that at the time the will was made the man had testamentary capacity. You see that the law holds that a man may be insane on one subject and sane on all others. How a man can be insane and sane at the same time medicine cannot yet reconcile.

If it be important and necessary in the interest of justice that statutory changes be made in civil cases, how much more urgent is it in cases where the life and liberty of the subject is in question. In the

autumn of 1910 I was called to give special evidence in the case of G——, a young man not yet 20 years of age, who was held for the crime of murder. The evidence went to show that he was a defective from birth. Witness after witness gave evidence to this effect. Most remarkable was the evidence given by his old teacher, who declared that the defect was so pronounced that he could not imbibe the most rudimentary knowledge, that he played truant, had no sense of discipline or duty and in fact exhibited all the well known ear-marks of the congenital defective. So firmly was this impressed upon his teacher that often, for the boy's own safety, she would keep him with her after school and then walk home with him, fearing for his safety. His industrial life exhibited early the characteristics of the defective.

On the date of the alleged murder, this boy with two or three others was engaged to saw a quantity of wood. After being paid for sawing the wood they proceeded to buy beer, not a large quantity. After drinking it the boy became violently disturbed, went to his home, secured a rifle and began shooting indiscriminately through doors, windows and ceilings. The town policeman was called and on his appearance the boy ran into the garden. When the constable started to climb the fence the boy fired, missing the policeman but killing his mother. The boy then ran down the road and climbed a pier of the bridge, keeping on shooting until his ammunition was exhausted. He was then taken down and claimed that he had no knowledge whatever of what had happened during his disturbed period. At the trial the question of course was raised, did this boy know right from wrong. In a measure he did, but only in a measure. Even though knowing right from wrong his power of inhibition was wanting in a marked degree. At the time of the shooting he unquestionably had no control over his volition, due to the excitement caused by alcohol; yet this defective was sentenced to be hanged; the sentence afterwards being changed to life imprisonment. He remained at the Penitentiary until 1913, when he was given a ticket of leave, due to advanced tuberculosis, and died from this disease shortly after parole was granted. There is no doubt whatever that this boy should not have been sent to the Penitentiary. The question then arises should the case have gone to trial? Would not the ends of justice have been better served if this unfortunate individual had been sent to a psychiatric hospital, for observation and study, and a report of the findings by those qualified been submitted to the judge?

This is typical of many cases of defectives who are tried and sentenced because, in the eye of the law, they know right from wrong. They may even know the nature and quality of their act, and be able to advise their counsel with regard to the defence, though on account of

their mental condition they cannot, under the modern outlook of psychiatry, be held responsible for their acts which are the result of their congenital defect.

There is another class of cases possibly more pitiable still, as exhibited by the following example. J. T., aged 28, returned soldier, contracted syphilis in England in 1917. In the summer of 1919 this man was arrested for stealing a bag of sugar. The gaol surgeon recognized the presence of syphilis and the prisoner received three treatments of diarsenal. In August 1919 this man was convicted and sentenced to the penitentiary. On the 17th August he began his prison life. On November 15th the prison surgeon diagnosed him as a case of General Paresis. On November 22nd he attempted suicide. On the 26th the surgeon earnestly reported that he be sent to a hospital for mental diseases and on the 1st of December the man died of a Paretic convulsion. The crime for which he was committed was unquestionably the outcome of his mental condition. No attempt was made to have a specialist in mental diseases report on his case. He did not receive any specific treatment while in the Penitentiary. Of course this man should never even have gone to trial, he should have been sent to a hospital.

In the summer of 1915 I was requested by the Attorney General of Ontario, to examine a number of patients, some 50 in all, who were confined in the Department for the Insane at the Kingston Penitentiary. My examination extended over quite a period of time. A great number of these cases were congenital defectives. There were 10 cases of Dementia Praecox, and several cases of well marked Paranoia. It cannot be denied that the defectives were such at the time they committed the offence for which they were serving sentence. Without doubt several of the cases of Dementia Praecox antedated their trial and conviction, while in at least four cases of Paranoia the disease antedated the trial and commitment. No records were available as to how many, if any, of these patients were examined by specialists previous to trial. I have personal knowledge that one well marked case of Paranoid Dementia Praecox escaped the extreme penalty by the evidence of a specialist in psychiatry.

Let me now draw your attention to a rather important phase of the question of medical legal evidence. In 1910 I was asked to give special evidence in the case of G——, on trial for the killing of a neighbor without provocation. The man had been a very respected member of the community in which he lived. A favorite son had caused him considerable anxiety and expense. In the end he was induced to sell his farm to the son and move to another place. The man then became depressed and was, at the time of the tragedy, a well marked case of Manic-Depressive Insanity. In giving the evidence I endeavored to place before the Court,

in plain language, the history of the case from a medical point of view. The eminent Crown Counsel took me in hand and submitted me to a most extraordinary cross-examination. It became so protracted and so offensive that I had to appeal to the judge. The judge at once upheld my appeal and said that he entirely agreed with my evidence, that the man was insane when the act was committed, and if the jury thought so they might give their verdict without leaving the box. The jury gave their verdict without leaving the box, "not guilty" on account of insanity. The whole trend of this cross-examination was not so much to elicit the facts as to confuse the witness.

For all these reasons, both from the point of view of medicine and from the point of view of justice, it seems that the time has now arrived when a radical change should be made in medico-legal procedure.

It is true that British law and British justice is in a large measure founded on precedent, but, on looking over authorities on medical jurisprudence, one cannot but observe the great variety of opinion, the marked unrest and the grave doubt as to the wisdom or justice of the course now being pursued. This is not only evidenced in decisions respecting cases of testamentary capacity or incapacity, but is even more marked in cases of criminal responsibility.

In the High Court of Justice held in Glasgow in September 1902, a man was indicted on a charge of murder. The facts of the shooting were clearly stated. It was given in the evidence that a quarrel had arisen between the accused and the deceased, no word was said by the prisoner's counsel during the trial, either in cross-examining the witnesses or in the speech to the judge, or even hinted, that the prisoner was of unsound mind. Justice Young, however, in his speech to the jury suggested that the man must have been out of his mind when he committed the act, and after an absence of 25 minutes the jury rendered the verdict that the accused had committed the act of which he was accused, but that he was insane at the time. The Court then ordered the prisoner to be confined in an institution for the insane during His Majesty's pleasure.

In the High Court of Justice, held at Edinburgh, on September 15th, 1902, a man was tried before the Lord Chief Justice and a jury, for the murder of one of the Lecturers at Surgeon's Hall, and another man, by shooting them. The Counsel for the defence contended that the prisoner was insane at the time he committed the act. The Lord Chief Justice, in summing up the case, dealt with the alleged mental condition of the prisoner at the time he committed the act, and declared that the mere fact of a person suffering from a certain degree of mental alienation or mental delusion would not necessarily exempt him from criminal responsibility. In order to exempt from liability the prisoner's

insanity must amount to such an alienation of reason that the prisoner did not know the nature or quality of the act which he committed, or if he did know the nature and quality of the act, was in such a state of mind that he did not know it was wrong. If, however, the prisoner had the mental capacity to know that his act was contrary to law, and that he was breaking the law he was responsible. The jury returned a verdict of "culpable homicide" by a majority of one, and the prisoner was sentenced to penal servitude for life.

A leading Scottish newspaper (the Glasgow Herald) commented as follows:—"It is hardly possible to avoid comparing the verdict arrived at in the Edinburgh case with that in the Glasgow case. In the Glasgow case the counsel for the accused did not put in a plea of insanity, their contention being that the shooting was the result of an accident. In the Edinburgh case the counsel for the accused contented themselves with pleading insanity, yet the one was declared insane and was treated as a lunatic, and the other was found guilty and sentenced to penal servitude for life. When judges disagree how is justice to be obtained." (Claister's Medical Jurisprudence.)

In the celebrated Crippen case the medical evidence for the crown was given with a "scientific exactitude, lucidity, succintness and absolute fairness hard to improve." The evidence for the defence was also particularly able, and possibly not less scientific, yet the impression made at the time can possibly best be summed up in the words of the British Medical Journal, "The ethics of the question are of so difficult a kind that until they have been more thoroughly ventilated and discussed, no one is entitled, whether openly or in his own heart, to condemn another man for taking an opposite view to his own, whatever that may be, or for acting in accordance with that view. Meantime we merely deplore the conditions which allow such unfortunate conflicts between medical witnesses to occur, and do so not only because they tend to interfere with the dignity of medicine, but because, more important still, the underlying conditions may at any time easily lead to grave miscarriage of justice. We therefore hold, as has long been held by most medical men who have considered the subject, that it would be greatly to the advantage of the public, and to the administration of justice, if, in trials of a medical kind, the scientific evidence presented to the court were not that of an individual, but of a majority of medical men asked by the Crown to consider the medical points at issue."

It is interesting and valuable to note that in many nations statutory enactments have been passed giving effect to the modern conception of medico-legal jurisprudence. In the State of New York, Laws 1910, an act to amend the code of criminal procedure in relation to procedure when a person in confinement appears to be insane—"If any person

under confinement, under indictment, under criminal charge, etc., would appear to be insane, the judge of the court of the City or County shall institute a careful investigation calling on two legally qualified examiners in lunacy, neither of whom shall be a physician connected with the institution where the individual to be examined is confined, and other creditable witnesses, and if it be satisfactorily proven that he is insane the said judge shall discharge him from imprisonment and instead commit him to a state institution for the care, custody and treatment of the insane, where he shall remain until restored to his right mind. In the case of persons in confinement under sentence of death appearing to be insane, the Governor may appoint a commission of not more than three disinterested persons to examine him and report to the Governor as to his sanity at the time of the examination. Before commencing they must take the oath prescribed in the Code of Civil Procedure to be taken by referees. Article 638, extract from code of criminal procedure. When a defendant pleads insanity, as prescribed in section 336, the court in which the indictment is pending may appoint a commission of not more than three disinterested persons to examine him and report as to his sanity at the time he committed the crime. This commission must summarily proceed to make their examination, but before commencing they must take the oath prescribed in the act of Civil Procedure, etc.

In Germany, when a man under indictment pleads insanity he is sent to a Psychiatric Clinic or Mental Hospital, and is retained there until careful study of his case has been made, and until those in charge are able to report as to whether the man was sane or insane at the time he committed the act. The Psychiatric Clinic at Munich, under Kraepelin, has been especially prominent in its scientific attitude towards mental criminals. In these clinics prisoners are retained as long as they are of interest to science or to the course of justice. In Austria the same law holds for persons under indictment for criminal offences. If the question of insanity be raised either by the person himself or by his counsel the prisoner is referred to the Psychiatric Clinic or Mental Hospital for further study and examination.

Underlying the whole British system of Jurisprudence whether medical or otherwise, there stands one goal idea, that a man be tried by his peers, and judged accordingly. Trial by jury has been the mainspring, the bulwark of British justice. From the day that the Barons at Runnymeade compelled King John to sign the Charter of British liberties, this principle has prevailed throughout. The love for it is as strong to-day as it has ever been. This principle has never been questioned. It is not in question now. Does not, however, the element of justice admit, nay even demand, that the judge and jury should be instructed in every possible way as to the case in hand. Should not,

therefore, an independent medical commission of recognized Psychiatrists be appointed in all mental cases, to calmly investigate and lay the results of their investigation before the Attorney General, the judge and jury? Or, if on the other hand the case be of such a nature that science alone can determine the nature of it, no jury would be required the trial judge alone would be advised. This does not in any way derogate from the ancient pledge of British justice, that a man be tired by his peers. For over forty years no change has been made in the enactments governing medico-legal jurisprudence with reference to the mental defectives, the insane, etc., in England or Canada. The science of Psychiatry has made wonderful advances during that time. Indeed this period practically covers all the great discoveries in mental medicine. No branch of medicine, I make bold to say, no department of science, has made such remarkable progress during these years. Psychiatry is now an exact science. It is no longer experimental. The findings are as scientific and as accurate as the findings of the Chemist, the Pathologist, the Engineer, or any other branch of science.

With profound reverence for law and authority I therefore make the suggestion that scientific medicine should be the hand-maiden of justice, arm in arm the two should go, down the road together. I suggest that the Attorney General, in the fullness of his time and judgment should, by legal enactment bring to pass that in all trials where the question of insanity is raised, whether these be testamentary or criminal so-called, whether relating to the disposition of property rights or to the life and safety of the citizen, a body of professional psychiatrists be appointed by the Crown, a permanent body if possible, who, after careful and extensive study, would advise the Crown, having in mind but one ideal, the dignity of medicine and the majesty of justice.

THE PROBLEM OF THE FEEBLE-MINDED IN SOUTH AFRICA*

BY J. T. DUNSTON, M.D., B.S. (LOND.)

Commissioner in Mental Disorders for the Union of South Africa

To make more clear to you the general position in South Africa as it affects the subject of Mental Disorders and Defects, I propose, if you will allow me, to begin my paper by referring briefly to matters outside its scope as indicated by the title.

Before the Union of the Colonies, we had a most excellent Act in force in Cape Colony, passed in 1897. It was taken over practically in its entirety by the Governments of the Transvaal and Free State in 1902 or thereabouts.

When the Union took place in 1910, the enactments in force in each Colony, which had now become a Province in the Union, continued to operate, and the need for a consolidating law very soon became apparent, to secure uniformity of procedure, to facilitate the transfer of patients from one Institution to another, and to bring all the laws into line with modern legislation, particularly regarding the care and treatment of the feebleminded.

There were other urgent needs, the most important of which was the necessity for more accommodation for patients. For many years previous to the Union, practically no additional accommodation had been provided in Cape Colony. Indeed, it was only in the Transvaal and the Free State that there were beds to spare, but after the Union these were practically immediately filled up by the transfer of patients from the other Provinces. Thus the position became really serious, and patients urgently needing mental hospital treatment were kept in gaols and other unsuitable places for lengthy periods until hospital beds could be allotted to them.

The Government fully realized the difficulties of the position, and in April, 1913, appointed a select Committee of the House of Assembly to enquire into the question and make recommendations. That Committee reported in May, 1913, and their report was the most important that had ever been made in South Africa upon this subject and gave us a fresh start, not only in providing accommodation for mentally afflicted patients, but also in further developing a healthy and keen public interest. Besides recommending that funds should be provided to relieve

*From the Journal of Mental Science London. Read before the Medico-Psychological Society of Great Britain and Ireland.

the existing congestion, as well as to secure a reasonable margin for future requirements, and further suggesting how this accommodation should be distributed, this Committee made certain important general recommendations. For instance, that at every Mental Hospital there should be an admission ward where recoverable cases could be treated without the necessity of their being admitted into the ordinary wards of the Institution; that there should be wards set apart in general hospitals where early and acute cases could be detained for observation and treatment, so avoiding the necessity for sending such patients to a Mental Hospital at all, if found recoverable; that an Act for the Union be passed as early as possible which should provide for the appointment of a Commissioner in Mental Disorders and local Mental Hospital Boards; that from that Act any terms calculated to offend the susceptibilities of persons requiring treatment in Mental Hospitals should be left out, and that the placing of patients within the precincts of prisons or Charge Offices should not be allowed when such a course could by any possibility be avoided. All the recommendations of the Committee were accepted by the Government.

In 1916 the Mental Disorders Act was passed, which realized to the full the wishes of the Committee. I think it would be interesting to this Association to draw attention to certain portions of that Act.

Sections 27 and 28 give Magistrates, Judges, or Courts power to commit for observation to a Mental Hospital any person who, while awaiting trial on arraignment or during trial, shows signs of mental derangement. These Sections have been coming more and more into general use, and I do not hesitate to say have very much improved the character of the medical evidence given in such cases, has materially helped the Courts and Juries when called upon to decide whether or not an accused person is fit to plead or would be better dealt with by care and treatment in a Mental Hospital or otherwise.

Chapter 7 of the Act provides for the treatment of incipient cases of mental disorder in general hospitals, but has not been used. Quite a number of cases have been treated in general hospitals, but without recourse to the provisions of this chapter, the real difficulty in the use of which has been financial stringency, caused by the War, which has prevented the Provincial Authorities raising the requisite funds for the building of special wards in the general hospitals. I believe and hope that this unfortunate state of affairs is about to be remedied, at least in Johannesburg, and plans are already being discussed for special wards to be erected at that centre, and a site has been selected for the building.

Another Section, which I feel sure will interest you, is Section 76, which provides that no person who does any act in pursuance of this Act has any liability in respect thereof if that act be done in good faith, and

further if the Court be satisfied that there is no ground for alleging want of good faith, or that the proceedings are frivolous or vexatious, the action may be stayed.

I do not know whether your experience has been the same as mine, but no single action has been brought in South Africa by a patient as far as I know, except by one who has not wholly recovered.

As I mentioned before, some legislative provision for the care of the feeble-minded was regarded as one of the most important reasons for passing a consolidated Act as soon as possible. As early as the year 1908 a Society for the care of the feeble-minded was established in Cape Town and was doing such propaganda work that public opinion throughout the country was being stirred to understand the importance sociologically of the care of the feebleminded. The Child Welfare Societies also took a great interest in the question, as the various Committees centred throughout the country discovered the important bearing feeble-mindedness had on their work. The Child Life Protection Society in Cape Town established a Clinic in their offices at whlch cases could be seen and advice given as to their care and treatment. I took these Clinics at first, on my various visits to Cape Town, but they are now regularly taken by one of the officers of the medical staff of the Valkenburg Mental Hospital. As a result of the various forces at work, it was felt and finally decided that Mental Hygiene Societies should be established. To prevent the multiplication of Societies, in most centres this work was undertaken by a Special Committee of the Child Welfare Society. By the election of certain delegates from these societies and the addition of certain Government nominees, a "National Council for Mental Hygiene and the care of the Feebleminded for the Union" was established last year, and its funds are being augmented by a Government grant.

Great benefit has already resulted from the work of the Council and the Societies and their sphere of usefulness is steadily expanding, so that the time is near when we shall be able to use their Inspectors and the visiting members of the Committees to do field work for the Mental Hospitals and Homes for the Feeble-minded.

In recent years in various Departments, such as the Department of Prisons, the Department of Education and others, the officers concerned have more fully realized how much their work was interfered with by the presence of feeble-minded persons in their institutions. Representations were made by the head of these Departments to Ministers, and a Departmental Committee was appointed by the Minister for Education to suggest a solution and propose a uniform procedure. The Committee met several times and finally recommended:—

That the Prisons Department should be responsible for the children falling under the Reformatories Act, 1911, and the Union Education Department for the children falling under the Children's Protection Act, 1913, and the Provincial Authorities for the rest of the children of School Age. (The Provincial Authorities are responsible for primary education in South Africa.)

That all children in reformatories and industrial schools should be regularly inspected by a mental specialist with a view to determine what children are mentally defective and require special care, treatment and control.

That the children in such Institutions should be classified as (a) normal, (b) backward and borderline, (c) feeble-minded, (d) moral imbecile and feeble-minded, with unpleasant traits of character or conduct, and (e) idiots and imbeciles.

That idiots, imbeciles and moral imbeciles and feeble-minded with unpleasant traits of character or conduct should be certified under the Mental Disorders Act, 1916, and sent to Union Government Institutions or placed under suitable care elsewhere as soon as the diagnosis be made.

That the backward, borderline and well-conducted feeble-minded children should at first be dealt with together in a special part of the Institution to be provided for them. In course of time the backward would make good and return to the normal classes, the defective remaining in the special part of the Institution provided for them until diagnosis is established, when they would be certified under the Act and either removed to a Union Mental Institution or placed under suitable care elsewhere.

To make the procedure uniform and co-ordinate the work in the various departments, the Commissioner for Mental Disorders should himself, or by deputy, carry out inspections of reformatories and industrial schools, and render such assistance as may be asked for in respect of schools in the Provinces.

These recommendations have all been approved by the Government and inspections have been carried out for the past three years.

By no means all of the Institutions have been inspected but I am able to give you a few figures which indicate the extent of the problem. They are, unfortunately, for the year 1918, as I have not brought with me the figures for the last two years. It may be possible, before this paper goes into print, to bring them up to date, but I can tell you more or less what the results were found to be.

In one Industrial School 12% of the girls were feeble-minded, and there were 17% who were in the border area. At another Industrial School for girls 12% were found to be defective, and including the border area 14%. In one Reformatory, 25% of the boys were found to be

mentally defective and 10% border area cases. In another Institution for girls, 10.5% were feeble-minded and another 16% border area cases. If I remember rightly, the figures since then have remained about the same, and it is pleasing to be able to report that though the investigations were made in different years by different medical officers, the results obtained in the individual cases were practically the same. The medical officer examining had not before him the result of the previous year's examination.

Work has also been done in other institutions, and in one of the Pretoria Rescue Homes 25% of the inmates were found to be feeble-minded. That Rescue Home and two others in South Africa have been licensed under the Mental Disorders Act, and each now forms a permanent refuge for such of its inmates as are diagnosed as feeble-minded. In the Pretoria Institution, a special house is set aside for these patients, but they are not rigidly kept to that part of the institution, being moved from time to time as seems most suitable, in the treatment of the case. It is hoped that in the course of time, all the Rescue Homes in South Africa will be licensed to maintain a certain proportion of feeble-minded girls.

I do not know whether your experience is similar to mine, but I have found that there is a stigma attaching to Rescue Home Girls, and so many people say "What is the good of employing these girls? They only get into trouble again " I feel that this is largely due to the fact that the feeble-minded have not been recognized in the past and consequently they were discharged to service or other work at the end of the year during which they could be legally detained. The normal girl who meets with misfortune generally can make good and give a good name to the Home. The feeble-minded girl or moral imbecile cannot, and gets into all sorts of trouble; this had not been understood, or that she was the girl who brought discredit on the work of the institution and the normal inmates as well. It is also my experience that what has been said of these girls applies "*mutatis mutandis*" to those leaving reformatories and industrial schools. It is surely a matter of fundamental importance to the institutions, their inmates and to the general community, that the feeble-minded should be sorted out, notified, and kept under proper supervision and control. If discharged from the Home it would only be to go to suitable guardians who would have full knowledge of the risks to be run and the steps necessary to avoid them.

More than 10% of the inmates of the Barberton Gaol, which is for prisoners sentenced as habitual criminals, were found to be seriously defective. Many of them were only medium grade imbeciles, and yet they have been sentenced time after time and indeed passed the greater part of their lives in prison. One man whose case I will cite has been in

prison thirty-eight times in the last ten years, and immediately on discharge on the last occasion had committed another obviously stupid offence. The barrister who defended him recognized his mental state and put up a plea of irresponsibility, but on the medical evidence—non-expert— the jury were not able to find him mentally disordered or defective. He was found guilty and the Judge gave him the indeterminate sentence. Tested both on the Binet and on the Porteous systems, his mental age was between four and five years. This unfortunate fellow could not give very much account of himself, but I think he was giving a true history when he said that he did not remember being out of gaol more than a few days since he was a boy.

I will only trouble you with one other figure, and that is in the year referred to above, out of 1,640 admissions to Mental Hospitals in the Union, 13.5% were admitted solely on account of mental defectiveness and another 8% on account of epilepsy. Some of the 484 admitted with Dementia Praecox were also suffering from congenital mental defect. I think it is perfectly fair to say that if feeble-mindedness could be eliminated, the number of persons requiring care in our Mental Hospitals could be very largely reduced.

As I have indicated, it is the policy of the Government in South Africa to permanently supervise the feeble-minded who drift into such institutions as prisons, reformatories and industrial schools, rescue homes and so forth, but it is clearly understood that this policy alone would only be one of locking the stable door when the horse had been stolen. It is recognized by the Government that if real and permanent good is to be done, it can only be by discovering the feeble-minded at school, giving them special training and throughout life keeping them under such type of permanent care, supervision and control as may be necessary to prevent them from getting into trouble or becoming in any way a nuisance or danger to themselves or the community.

In September, 1918, advantage was taken by the Minister of the Interior at a Conference of the Administrators of the various Provinces of the Union to discuss this important subject with them. The following proposals were considered:—

1. That the Union Government should be responsible for the maintenance and care of idiots and imbeciles of school age, i.e., those falling under Classes 3 and 4 of Section 3 of the Mental Disorders Act, 1916.

2. That the Provincial Authorities should be responsible for the care and training of feeble-minded children of school age, i.e., those falling under Class V. of the same section of the Act.

3. That the Commissioner of Mentally Disordered and Defective persons should be notified and keep a register of all children diagnosed in the schools as being feeble-minded and that after school age the Union Government should be responsible for their care, treatment and control.

The principles were agreed to, and arrangements have already been made between the Provinces of the Transvaal and Natal and the Government, and regulations drafted. In these all the recommendations made by the Departmental Committee regarding children in industrial schools were accepted in so far as they applied to school children, and further regulations made the procedure more definite. The Director of Education was made responsible for notifying the Commissioner in Mental Disorders of all defectives, whether attending schools or not. (Information regarding those not attending school could be obtained through the various School Attendance Officers.) The Principal of the school was made responsible for drawing the attention of the School Medical Officers to the cases of children who were backward for more than a certain period without a reasonable cause. It was further agreed that where there was difficulty in regard to the diagnosis, members of the medical staff of the nearest Mental Hospital would be available for consultations.

Naturally, as soon as the defective patients began to be sorted out in all the institutions and schools as I have described, the shortage of accommodation for this class of patient became more and more serious. There were in South Africa at that time beds for the feeble-minded only in Mental Hospitals, in the Rescue Homes which had been licensed, and in a small home known as Adam's Farm, close to Cape Town.

With regard to the numbers of adult feeble-minded in South Africa, there are no figures except those I have already referred to, but in a very important report by Dr. C. L. Leipoldt and Dr. J. M. Moll on the Schools of the Transvaal, they state that about 8.4% of the children examined were feeble-minded, which means that in the Transvaal Province alone over 750 defective children were attending school. If that percentage holds good for the other Provinces, the total number of defective children attending schools in the whole Union would not be less than 3,000. Fortunately, the Union Government were able to buy from the Cape Provincial Administration the Alexandra Hospital which was opened on the 1st June of this year, and accommodates 800 patients. During the War this Hospital had been used as a Military Hospital and afterwards workshops were built for the training of discharged soldiers. These are now no longer needed for that purpose and have been taken over and are most suitable for the training of our feeble-minded patients in industrial pursuits. There is a good garden, well equipped laundry and workrooms, as well as excellent and well built wards, so that the

whole institution is well fitted for the treatment of these patients. This Home will receive patients mostly from the Cape Province. For the Northern Provinces and Natal it is probable that a Home will be established at Potchefstroom, where a suitable site and buildings exist for about the same number of patients. This home will be open it is expected within the next few months.

I feel that it is incumbent upon me to make some special remarks about the incidence of feeble-mindedness amongst the native population of South Africa, though I am afraid I cannot say very much of importance at present. From the facts that in all these generations the natives have made no progress in any of the arts of civilization of their own initiative and that though they have been for the last two or three hundred years in closer and closer contact with a white civilization their kraal life has been little influenced, it might be inferred that they are mentally an inferior race. Such an impression is further strengthened by many other facts—they are extremely childish and emotional—they lack initiative; they rarely display foresight or worry about the future. Bad years have given them poor harvests, and they have starved time after time, and yet they never seem to learn from experience to provide against such emergencies. Again, they are only orientated in time in the vaguest way, generally having no idea of how old they are and very little of the passage of time. Periods of time in their own lives are indicated by the size a particular member of the family had attained when some or other war had taken place in South Africa. They have no written language, the crudest of musical instruments, and very little idea of colour. In some native languages the same word is used to indicate green or blue.

With regard to the mental disorders found amongst the natives, I have never seen, and so far as I know, no single case of true Paranoia has been reported as occurring amongst them. It is not rare to find simple unsystematised delusion without hallucination. I have often wondered whether the fact that paranoia does not apparently exist amongst the natives is also significant of inferior mentality and that they have not reasoning power enough to become paranoics.

These and many other important considerations suggest the idea that the native, even of the best tribes, probably belongs to a mentally inferior race, as the lower tribes such as the bushmen certainly do. They suggest that there is such a defect of brain cells that neither education nor environment nor any other factor except a mutation could lead to their rising to the level of advancement of the higher races. But we do not yet know for certain; and there is just as much danger in underestimating their capacity to absorb higher civilization as there is in overestimating it. Time alone can show, but it is essential to realize

that there is the question and it is one of such fundamental importance to the future that we should rush to no rash conclusions, but carry out most careful psychological investigations. Not having been able to decide the mental status of the native, it is impossible to say anything about the higher grades of defectiveness amongst them, but the coarser forms of mental defect, idiocy and the lower grades of imbecility do not appear to be so common as they are amongst the white population. This may be explained, perhaps, partly from the fact that certainly in many tribes it was the custom, before the white man interfered, to destroy defectives and most of those who were suffering from chronic mental disorder. So keen were they on physical perfection that in certain tribes if a woman gave birth to twins, both the mother and children were destroyed, as they apparently thought no woman should give birth to twins as they were never likely to be strong.

It seems to be true also that until the advent of the white man, neither Tuberculosis, Syphilis, nor *Chronic* Alcoholism was known amongst them, and the absence of these destructive agents in their heredity may also explain the fewer grossly defective individuals amongst them.

Investigations have been started to determine how far the various intelligence tests apply to natives. I have not had the opportunity of applying the tests to those who have been educated at such Colleges as Lovedale, but amongst the natives generally, the Binet tests are not applicable, though I have found several who are able to do all the Porteus maze tests. Some of my colleagues in South Africa are taking a great interest in this side of the work, and I have no doubt before long we shall have some useful information and interesting results. My observations have been mostly made in the Transvaal, and my remarks therefore apply more particularly to the natives met with in that Province.

I have tried to indicate what the problem of the feeble-minded is in South Africa, and it seems to me from what I have read, to be almost identical with that in other countries. Results and enquiries so far made closely correlate with those found in the report of the Royal Commission, 1908. You will have seen that the policy of the Government has been to bring all persons, whether suffering from defect or from disorder of mind, under one control—at the present time that of the Minister for the Interior. The Commissioner of Mental Disorders under the Act of 1916 and in the regulations, has been made responsible for keeping a register of all mentally disordered and defective persons and for seeing that they are under proper guardianship or care. In practice this means that the Physician, Superintendents and Medical Staffs of the various Mental Hospitals have had the opportunity of going outside their institutions

and making investigations in the various prisons, reformatories, industrial schools, and the community generally in their immediate neighborhood. Those Physician Superintendents and other members of the Medical Staffs with whom I have discussed the question, are unanimous in their approval, and say that it has added greatly to their interest in the work on the subject to get outside the old institution bounds, see for themselves, and help to solve the numerous social problems which mental disorders and defects bring in their train.

Psychological medicine is part of the curriculum of the Cape University medical course. The Physician Superintendent of Valkenburg has been appointed lecturer in this subject and the Mental Hospital becomes part of the teaching school of the University. It is probable that the Pretoria Mental Hospital will shortly be similarly related to the University of Johannesburg.

With regard to this matter, dealt with briefly in this paper, I hope you will agree that the lines on which the work is proceeding in South Africa are right and that the wider sphere of work for the Medical Staff in a subject having such great social significance, not only benefits them and gives them a better status, but leads to a broader view of their duties and makes their services progressively more useful and important to the community and the State.

The Government in South Africa has done very much indeed to help forward the work in this cause and it would be impossible to overstate what its progress owes to the work and never failing interest of the successive Ministers of the Interior, first the Hon. Abram Fischer, then Sir Thomas Watt and now Mr. Patrick Duncan, or to overestimate the value of the results achieved by the persistent energy, experience, breadth of view and understanding of Col. H. B. Shawe, the Permanent Head of the Department.

Mr. President, I am honoured more greatly than I express by the request you made to me to tell this Annual Meeting the position in South Africa as it affects those who have the misfortune to suffer from some or other form of mental defect or disorder—how South Africa is dealing with the question and how trending. I obeyed you, Sir, and with pleasure, as a member of the Association should, but I could wish that I were more worthy of the task. In conclusion, Gentlemen, I ask that you will render all that assistance which I know you can by your suggestions and helpful criticism.

THE MENTAL OUT-PATIENT CLINIC—WHOM DOES IT HELP?

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I

On the shores of one of the Great Lakes that serve as a boundary between the United States and Canada is a city of upward of seventy-thousand inhabitants in a county of somewhat less than twice that number. Until recently there has been in it no physician with special knowledge of mental or nervous disorders. The nearest was too far away to be easily available to persons with little or no means to pay consultation fees. Yet many persons and social agencies felt the need of such advice as only a psychiatrist could give.

This need was felt more acutely following the close of the War, when the Home Service Section of the Red Cross had many cases of returned soldiers and their families to provide for. It became so pressing that in the summer of 1920, under the leadership of the local chairman of Civilian Relief of the Red Cross, a psychiatrist was induced to come to the city and give his services once a week to the Red Cross.

The value of this consultation service to the Red Cross was soon demonstrated, and other agencies wanted to share its benefits. The establishment of a free mental clinic was at first opposed by local physicians, who feared a loss of practice. But it was easy to show that poor patients would not contribute to their income in any event, and satisfactory plans were readily formed to meet the objection in the case of patients able to pay. In the end the County Medical Society itself became a sponsor and supporter of the new mental clinic, and appointed a committee of its members to give their services to it.

The State Department of Health gave the free use of the local State dispensary, and a psychiatric social worker who had recently come to the city contributed part of her time. The Red Cross contributed clerical work and such services as were necessary to look up family histories of patients and other data.

The clinic thus organized was opened in December 1920, and has been open once a week to residents of the county since then. To the first of September of this year an even hundred patients have been seen.

A brief general account of the disorders from which they suffered, of the auspices under which they came, and of what was done with or for them will give a fair idea of the immediate usefulness of the clinic to the community. The clinic is in no way exceptional in these respects, but is typical of the nearly two hundred that are in operation in the United States.*

*For the data regarding this clinic and its patients the writer is much indebted to Dr. W. W. Richardson, its psychiatrist, and Mrs. Morris S. Guth, the prime mover in its establishment in Erie, Penna.

II

The general types of disorder from which these patients were suffering, and their wide variety, are characteristic of those seen in almost all mental out-patient clinics, though the relative numbers of patients afflicted with each differ somewhat in different places.

In the hundred cases seen, twenty-two separate medical diagnoses were made, not including the category of "undiagnosed," under which heading seventeen patients were grouped. Twenty years ago, at the Boston Dispensary, Dr. Channing* reported 54 diagnoses in 372 patients, with 32 not diagnosed. Dr. Myerson† reported 106 diagnoses in addition to 55 "undiagnosed psychoses," 68 "deferred" diagnoses, and 303 with "no disease" in the 1577 patients that came to the Out-Patient Department of the Boston Psychopathic Hospital in 1919.

Of our hundred patients 47 were diagnosed as feeble-minded, 9 as mentally retarded, and 1 as a moral imbecile. This is a rather large proportion of defectives. There were a psychopathic child, a neurotic child, with aberrant tendencies, and three borderline cases. Nine frank psychoses were reported (an acute depression, 4 dementia praecox cases, a general paralytic and 3 syphilitic psychoses) and a probably symptomatic depression, one eccentric with mild mental symptoms, an old alcoholic with general nervousness and eccentricity, and a traumatic neurosis. There were two cases of chronic alcoholism and a drug addict. There was a case of cerebral lues, one with Meniere's syndrome, a spastic paralysis, and an old poliomyelitis. A neurological case not otherwise diagnosed completes the list.

The clinic is young and has treated only a small number of patients. There will unquestionably appear cases of other types of constitutional psychopathic states and psychoneuroses, other types of neurological cases, epileptics, and cases in which distinguishable disturbances of the functions of the endocrine glands and other bodily organs are found.

In considering these diagnoses it must be borne in mind that many are tentative and subject to change on further investigation or observa-

*Channing, Walter, Dispensary Treatment of Mental Diseases. Amer. Jour. Ins., July, 1901.
†Myerson, Abraham, Out-Patient Psychiatry, Amer. Jour. Ins. July, 1920.

tion. Besides, the medical diagnosis is always supplemented by a consideration of the personality and the environmental factors, which do not, however, enter into the medical diagnoses, but which are often fully as important, if not more so in many cases, as any medical condition that may be present.

III

A variable but not very large proportion of patients go to mental clinics on their own initiative, and a somewhat larger proportion is brought by relatives or friends. But most are brought or referred by various social agencies. In the clinic we are now considering it is at present required that patients be referred by a physician, and that they go through the Red Cross office, in order that the family history and other data may be secured before the patient is seen by the physician in charge. Hence none of the hundred patients are reported as coming on their own initiative or that of relatives. In most clinics this previous reference by a physician is not required, but the agency referring the patient is expected to have the desired information at the time of bringing the patient.

Various school officers, such as a school superintendent, a school nurse, a teacher, an attendance officer, and the student counsellors, referred 14 children to the clinic, many of whom were difficult to diagnose. In some places more use is made of such clinics by the schools, in others less. Where mental as well as physical examination of school children is required by law the mental clinic is more likely to be largely used by school authorities.

The Red Cross itself referred 11 patients, the Social Hygiene Committee 8, the Associated Charities 5, a Home for Girls 4, the Mothers' Assistance Fund 3, and three other local social welfare agencies 4, making a total of 35 referred by organized social welfare agencies. The number and character of such societies or associations, and their appreciation of what such a clinic can do to help them in some of their problems, depend on the organizations existent in the community, and the enlightenment of those who conduct them.

The probation officer is credited with having referred 22 cases to the clinic. This is a gratifying large number to come through such an agency, whether the initiative came from the Court or from the officer in question. In another quite comparable clinic in the same State, only 7 were referred by courts or court officers. The more the Court or its officers turn to the psychiatrist for aid before offenders are sentenced, the less injustice will be done to many a prisoner. Those Juvenile Courts that conduct their own mental clinics, as at Chicago, Philadelphia and Boston, are demonstrating this fact daily.

Physicians on their own initiative referred 16 cases to the clinic. Perhaps some of these patients would have gone on their own initiative or that of their relatives, if it had not been for the requirement above referred to. In the other comparable clinic 4 patients themselves applied and parents on their own account brought 26 children.

Public Health Nurses referred 5 patients, a community nurse 2, a social worker in an industrial plant referred 3, and another social worker, a settlement worker, and a Sister of Charity each referred 1.

Child-caring agencies often take newly received children to such mental clinics for a mental examination, even though no abnormality is suspected; and child-placing agencies often do the same before placing children out to board or for adoption.

The above account points to some of the uses that are made of mental out-patient clinics.

IV

The disposition made of these hundred cases indicates to some extent not only the resources of that particular community, but the kind of help that was given to the patients themselves and to the persons and agencies that were trying to help them.

Of the 47 feeble-minded patients, six have already been admitted to institutions for such cases, and 20 more have been recommended for such admission. Some of the latter are actually on the waiting lists of the institutions, for the institutions of the State are greatly over-crowded. Meanwhile, these and most of the remainder of the 47 are still in the community under the supervision and guidance of the social worker of the clinic.

Practically all of the frankly psychotic cases were sent to the State hospital for mental diseases of that district.

Three patients have been sent to a reformatory and three more were recommended for such disposition. Two were sent to their own homes outside the county, accompanied by an abstract of their records and the recommendations of the physician; one was sent to the County Almshouse; one was sent to a home for girls; two were recommended to have special education, and one moved away.

A full half, 52, are being treated in their own homes. These include several undiagnosticated cases, several feeble-minded, and practically all of the miscellaneously diagnosed neurological, neurotic and psychopathic cases.

The number who were cared for at home is unquestionably larger than it would be in connection with some clinics, because of the trained psychiatric social worker whose services were available for follow-up

and family case work. On the other hand, in States where institutional provision for mental cases is larger per capita than in this particular State, a larger proportion of those who would benefit by institutional care would have been sent to the appropriate hospitals or schools. Those patients, however, who are having to wait their turn are less of a menace, or inconvenience, or expense or other kind of burden to their families or the community than they would be without the guidance of the clinic.

V

Who then is helped by such a clinic?

Through its agency some patients were placed in an environment to which they could adjust themselves better; some were placed in an environment which was distinctly remedial, or corrective; some were helped to adjust themselves to the environment in which they had been living; for some the environment was made more favorable for them to adjust themselves to, without removing them from it. Those who needed medical attention got it. It is needless to elaborate on the fact that the patients themselves were helped.

But the benefit does not stop there. In an address to social workers last spring Dr. Strecker* called attention to some of the larger benefits. He showed that as a result of the illness of twelve average patients in his out-patient clinic at the Pennsylvania General Hospital "eight families were directly affected by the inefficiency and disability of the main source of reliance. Twenty-four children were neglected. One of these, an infant, was physically endangered through exposure; five children were constantly in the presence of syphilis in a dangerous stage. One woman was a public menace because of threatened violence; one psychopathic inferior who had already given birth to four illegitimate children furnished a constant source of danger to the community, as her husband was passing through a virulent phase of syphilis; and a feeble-minded girl with an illegitimate infant was permitted to be at liberty at the beginning of the child-bearing period." He characterizes as still more insidious and more dangerous the indirect effects on "the morale of civilization both for this and succeeding generations."

He shows that by means of the clinic three patients recovered, improving the physical and economic status of five dependents upon them; an insane patient and a mentally defective girl were sent to appropriate institutions, and some psychopathic inferiors were kept under supervision. By making proper provision for these patients one

*Strecker, Edward A. A Practical Viewpoint for the Social Worker. Hosp. Soc. Service, Vol. IV, 1921.

child was separated from a mentally abnormal mother, another from an imbecile parent, and five were removed from hopeless and dangerous surroundings; the health and environments of fourteen children were improved; the public was protected from possible violence and from at least one source of venereal disease.

These benefits go far, but they can be shown to go much farther, by taking two or three of the cases from the mental clinic in one Lake Shore city, and following some of the details a little way.

A man, J. S., is 27 years old, did not learn at school, never worked; has loafed on the streets at night, slept in box-cars and on doorsteps, has stolen milk and small sums of money from neighbors, and has many times been arrested and kept over night or longer at the police station for these and other petty offenses. He had a violent temper and was a source of great anxiety and distress to his family. It was an officer of the Humane Society that took him from the jail to the mental clinic. There he was found to be an imbecile and was sent to the school for the feeble-minded.

From being maladjusted, coming more and more often into conflict with the laws and getting into the way of being a confirmed and repeated offender, he is now content and orderly, being in an environment which is adjusted to his limited capacities, and is neither an annoyance nor danger to others. Thus he benefits.

His parents are relieved of a great burden of anxiety; they no longer dread his tantrums of temper and their actual or possible consequences; the atmosphere of the home is better for his absence; his parents are not having to settle for his petty thievery and other misdemeanors. They benefit therefore.

The neighbors from whom he stole or whom he annoyed in other ways are saved from future losses and annoyance by him; and those whom he might have injured, perhaps seriously or even fatally, have been saved from that fate. His repeated arrests and discharges show that nothing better than a continuation of such treatment was to have been expected, with increasing risks to neighbors. Those who have been saved this annoyance or loss have benefitted.

The police and the courts have been saved the necessity of handling this case over and over, lessening by just so much the work they have to do. The Court made a more just and effective disposition of at least that one case. It fulfilled its function in the community better. Thus they benefit by the clinic.

The Humane Society found a place where one of their difficult problems was solved. It benefitted.

The peace of the neighborhood and the good order of the city have been better by the removal of that one disturbing element.

Though the tax-payer may have to support him in the school for feeble-minded for the rest of his life, it is the consensus of opinion that it costs the tax-payer less in the end. This, however, is a long and complicated story which I shall not undertake to tell here.

Another case was that of L. B., a moderately young woman, unmarried, solitary, peculiar, hypochondriacal, continually "picking on" her fellow employees. She had worked in a laundry for the same kind-hearted employer for seven years; many a time he had pulled her from behind boxes and barrels where she had hidden, to send her home at closing time, and he had often had to patch up her quarrels with the other girls. He was finding it harder and harder to keep other employees on account of the trouble she made, and he did not want to discharge her because she threatened suicide if he did. She had been to nearly all the physicians in the city without avail to get relief from her various hypochondriacal symptoms. She lived alone, and had no relatives who would assume any responsibility for her.

At the mental clinic, where she had been referred by a physician she was regarded as a case of arrested dementia praecox, and efforts were made to help her to better adjustments, or to go voluntarily to the State hospital for mental diseases. As these were unsuccessful and the trouble she was making for her employer and the other employees grew greater, she was finally committed to the hospital.

Who was helped? She herself was probably no better satisfied or happy, perhaps she was more resentful; yet even if so, she was at least in an environment in which her maladjustments were understood, and she was saved from the necessity of competing at a disadvantage and under the certainty of failure, with more normal-minded persons. She is really better off in the hospital, though she may not think so.

Her employer was benefitted, not only by relief from the anxiety that her behavior had long caused him and from the loss of time and diversion of energy caused by his having to settle quarrels between the patient and other employees, but by saving of expense due to lessened labor overturn and more efficient work by his employees when they were freed from the frequent annoyances by the patient.

The physician who referred her was benefitted by the advantage of consultation with a specialist in a field with which he was not familiar, and by learning of the value of such help to him in the solution of a difficult problem.

The boarding-house keeper where the patient lived was possibly saved the undesirable notoriety and attendant troubles which might have come to her if the patient had carried out her threats of suicide.

A third case was that of L. F., a school boy, who was giving trouble at home, at school, and in the neighborhood. He was referred to the clinic by an attendance officer of the school. He had a step-father at home who was not very sympathetic with him, often beat him for trivial matters. He was disorderly in school, lied, stole, ran away from home and played truant from school, and was getting more and more under the influence of a boy who had once been sent to a reformatory. No definite diagnosis was made at the clinic, but he was regarded as having some psychopathic traits. As a result of several visits of the boy to the clinic and of the social worker to the home he improved in his conduct and school work at home and at school, and now for several months no bad conduct has been reported from him.

The boy was headed for a delinquent career. One cannot say that he would have continued in that direction, nor how far he would have gone, or that some other influence than that of the clinic might have directed him to better ways of adjustment. It looks at present as though he had been saved by the clinic from at least the possibility, if not the probability, of such a career. He has certainly been helped.

His step-father treats him better, and to the extent that he is less irritated by the boy, and himself behaves better to him the step-father has been helped.

The home atmosphere has been improved by the boy's better behavior, and thereby his mother and normal brothers and sisters have been helped.

The school teacher and the other pupils in the rooms where he was misbehaving have been helped; the morale of the whole school is better.

Just as he was adversely influenced by another boy, so he in turn might easily have been an evil influence in the life of some other child or children. They have been helped.

Those from whom he would have stolen had he continued in his maladjustments have been saved from the loss and annoyance. They have been helped.

The attendance officer, who has one less refractory boy to look after, has been helped.

The courts before whom he would in time have been brought in all probability, and the reform school to which he would have probably been sent, have been helped by having that one less case to handle.

The general orderliness of the neighborhood and the city have been improved by just the amount of misbehavior in which he would have indulged.

The tax-payers of the city and county have probably been saved the expense of the arrests, convictions and support in a reformatory

or jail of that one case, and of whatever suits for damages or other expenses they may have been liable to on account of his misdoings.

These are not exceptional, but average, cases. If one should follow the actual details of any other of the hundred cases, one would find similarly radiating benefits arising from the mental clinic. And they do not stop where the descriptions left off. There are still further radiations which diffuse into the whole surrounding region. The physicians who send patients to the clinic get a little better understanding of the needs of some of their patients, and that understanding spreads in time to other physicians and the laity. Especially if the clinic is connected with a state institution, there is a gradual lessening of the popular notions that insanity is a disgrace, that it is incurable, that the patient is one to be feared or "put away," and that the hospital is a place full of mysterious horrors, to be avoided as long as possible. Such age-long, wide-spread fallacies are replaced by a better understanding of patients and the hospitals, a greater sympathy for them, a more intelligent attitude toward them. Within the past decade such changes have made appreciable growth in Massachusetts, for example, with its more than forty clinics.

All the social welfare agencies, public and private, including the schools and courts, have one more resource in the mental clinic to aid them in their respective fields, and the community is the better for it. As a community it can handle some of its difficult problems more intelligently, more scientifically, more humanely, usually more economically.

The mental clinic is able to take care in the community, through its own social worker or those of the co-operating agencies, of some patients who would otherwise have to be resident in institutions. The cost of care in the community is comparatively slight. Institutional care varies greatly but may be said to average from $2.50 to $5.00 per week. Every tax-payer in the State benefits by the difference, whenever patients are saved from going to the institution or can be removed earlier from them because of the mental clinic.

By as much as one of its integral parts functions better, by so much does the State as a whole function better. The more effective functioning of one part serves as an example and a stimulus to other parts.

Although these benefits may seem to spread out pretty thin when we get beyond the patient and those immediately concerned with him, and may seem hardly worth considering, they are none the less real and existent. When, as Dr. Strecker suggests, the benefits to one patient are multiplied by a hundred or a thousand (more than 3,000 patients attended mental clinics in New York State in 1918, and a somewhat

smaller number, but still more than 3,000 in Massachusetts in 1919) the sum of these seemingly negligible amounts becomes by no means inconsiderable.

VI

What one clinic can do, many clinics can multiply. The services they can render to social welfare agencies, schools, courts, industrial plants, and individuals themselves make it inevitable that in the course of time every considerable community will have one or more. The time will come when the State will regard the mental out-patient clinic as one of its essential agents in promoting, protecting and preserving the mental health of its citizens.

As the mental examination of recruits kept inefficients out of the Army, and thereby not only promoted the Army's efficiency but greatly lessened the expected amount of delinquency, so in peace times and in civilian life, the mental clinic, rightly constituted and rightly used, may become in time one of the great and powerful forces that operate for the betterment of the mental health and social adjustments of the citizen, and hence the betterment of the community, the State and the nation.

MENTAL DISTURBANCES OF CHILDHOOD*

BY H. B. MOYLE, M.A., M.B.

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In an attempt to discuss briefly some of the chief abnormalities in the mental life of children, there are one or two preliminary observations that seem to be in order. First of all the very inclusion of the topic in a section devoted to child welfare seems to the writer to indicate a recent and happy development in the point of view both of those interested in child welfare and in that of the Specialist in mental disease. It is no longer felt by the former that good physique alone is a sufficient goal in a child's development. It is recognized that it is no less important that parallel with the physical there shall be a symmetrical unfolding of the intellectual and emotional powers. In short, it is not merely a healthy animal but an efficient and self-supporting personality which should be the crown of healthy childhood. And on the other side the psychiatrist has come to see that the key to many of the problems of abnormal psychology and abnormal conduct presented by his adult patient, lies in the understanding of the variations of the process of mental development in children. Genetic Psychology has thus contributed not a little to the fuller understanding, both of childhood and of mental disease—an understanding which supplements and fits into the data furnished us by normal physiology.

It is important to remember secondly, that not only do the physical and mental powers of a child develop more or less together, but that each side constantly interacts upon the other, and in consequence any marked disturbance in either sphere is bound to show results in the other. One need only mention the effects of various organic nervous diseases such as hereditary, neuro-syphilis or the after effects of a meningitis to make this obvious. But the result of disturbances which are less apparent, such as endocrine, insufficiency or hyper-activity, or of the lesser degrees of toxemia, are frequently not recognized. But that the condition of the physical functions of a child is a fundamental point in estimating its mental reactions is a truism which cannot be too often reiterated or too constantly kept in mind.

Again it has been well stated that the one word which sums up the whole physical and mental life of childhood is "organization." His physical activities are gradually organized into abilities which will finally make him a producing and self-supporting individual. His mental activities in a parallel way become organized along certain more or less

*Read at Child Welfare Section, Ontario Medical Association, Niagara Falls, June 3rd, 1921.

definite lines so that he collects not only the necessary fund of information in regard to the world around him but also special knowledge along lines determined by his interests or economic necessities. There must also be of course, the ability to use this knowledge with some measure of judgment and foresight in connection with the activities referred to above. Not least in importance, if the individual is to have a balanced and well rounded life, there must also be an organization of the emotions around certain centres, varying in strength of attraction corresponding to their importance in the life of the individual. This whole complex process of organization goes on then through a constant stream of activities of many sorts which are the expressions from time to time of the child's desires and in a real sense of his personality. One may say indeed that the child's whole life is one long effort at self-expression through activity and that thus only does his personality develop.

This thesis though somewhat crudely stated provides what seems to the writer a useful classification of the disturbances met with in practice in the mental life of children. Let me say just here what I do not propose to include in this brief resume. Firstly, no mention will be made of the defective child, not because he does not provide difficult and important problems, but because having attracted considerable attention for some time past, there is already a considerable body of literature dealing with these conditions. Also these do not quite fall within the category we are at present discussing, which is abnormality rather than deficiency in function. Neither has there been any attempt to touch on the frank or fully developed psychoses as these are but very rarely met with before adolescence, and when such do occur hospital treatment is of course essential. Thirdly, we have intentionally excluded mental conditions which are incidental to the course or are a sequence of such organic nervous diseases as epidemic encephalitis and the deliria connected with the various infectious fevers. These would seem to be merely incidental to the particular physical disease, to be more or less transient in duration, and usually to have but slight effect on the general current of the child's mental life and development. Our present interest then is in the early disturbances in this current which recognized may often be satisfactorily adjusted but when allowed to go unchecked may and often do become the prelude to serious psychoses later on, and perhaps cause years of inefficiency.

Leaving these aside it seems to the writer that the conditions we are now considering fall under two main heads,—on the one hand that of hindrances or inhibitions of various sorts to the child's self-expression and on the other distorted lines along which this process may occur. If one for a moment may compare the child's mental life to a stream, the first type of disturbance would be comparable to a dam or other

interference with the flow, while the second type would be illustrated by influences which would turn the stream from its normal course. And as concreteness is usually conducive to clearness, I have thought we could best visualize the problems met with in each of these types by brief case histories of children presenting more or less typical symptoms.

Considering first then the hindrances to self-expression, any physical deficiencies or inabilities which interfere with the child's social life and activities may be so considered. Perhaps stammering is as typical as any of these groups. It is probably rarely realized, except by those who have known pronounced victims of this functional disability, to what a really great degree it becomes an obstacle to a child's communication with others. Because the individual is so constantly reminded of his difficulty he is very apt to become extremely self-conscious and to lose confidence in himself in his efforts at self-expression. This naturally results in a tendency to seclusiveness, and through a restriction of the social intercourse so essential to childhood, the individual gradually drifts into a state of more or less marked mental isolation. This we all recognize to be unfortunate in any individual, but in a child its effects in marring the social development are even more accentuated than in an adult and can hardly be too strongly emphasized.

CASE HISTORY.—These characteristics were seen in a rather marked degree in a boy who had developed this disability in later childhood and only came to the writer's knowledge at about seventeen years of age, when he himself had given up hope of regaining his normal powers of expression. He told the writer that he had a number of times attempted to break himself of this habit and once or twice had been for a time successful. The most significant element in the situation was the fact that he himself felt that all the members of his home circle quite expected that he would stammer and that he was constantly conscious of this attitude on their part. At an early period he had been thoughtlessly ridiculed by one or two older relatives and this ridicule had made him the more conscious of his difficulty. And as like many children, he was extremely sensitive to the opinions held by those around him he came to shrink more and more from the notice of others, although he enjoyed their society and craved greatly to be able to mix with them on equal terms. When about fourteen years of age, he was for a time away from home entirely among strangers. At that time as he told the writer, "I made up my mind that as they did not know I had ever stammered, I could start over again, and made up my mind I would attempt to overcome the habit. For a time I was quite successful and became greatly encouraged. Then suddenly one day when some occurrence greatly excited me, I began to stammer. Then I felt that it was all no good and I gave it up." As time went on patient became a recluse,

talked with other members of the family only when absolutely necessary, and avoided meeting strangers as far as possible. He felt keenly his almost isolated state but did not know how he could break down the barriers that prevented his mixing freely with others.

In talking over the matter with him it was sought to emphasize that his essential difficulty lay in overcoming his own pre-occupation with his embarrassing disability, and that if his attention could be directed to the particular thing that he wished to express rather than to the act of speech, there would probably be much less difficulty. It was also pointed out to him that other people noticed his speech very much less than he thought they did, that he was by no means unique in his difficulty, and that many had overcome handicaps of this sort when of even longer standing. He showed considerable encouragement but it was very difficult for him to break away from the habit of thought into which he had grown regarding himself.

This case it may be thought hardly comes under the head of a childhood trouble, but its beginning was, as I have stated, considerably before the onset of adolescence. It is too, a good example of a type of disturbances in which cure might have been quite easy at any early period, but which not being so dealt with, produced results which were a serious bar to the later efficiency of the individual, and by the very habit of nervous reaction which developed became most difficult to remedy.

Any other physical defect which acts as a bar to a child mixing on equal terms with other children may of course produce much the same sense of inferiority with similar unfortunate results in the individual's social relationships. Indeed a case comes to mind where the basis of a long continued depression in a soldier, which totally unfitted him for service, lay in his reaction through childhood to being the victim of the chest deformity called a "pigeon breast." He had been so ashamed of this that he would not undress before other boys, would not even attempt to learn to swim and finally gave up any attempt to mix in their games. Later on he became ashamed even to roll up his sleeves before fellow-workmen because of his poor muscular development.

A somewhat different type of inhibition but showing much the same results is to be seen in the various "phobias" from which children suffer more often than is commonly realized,—probably because they are ashamed to speak of them and are not usually understood when they venture to do so. These are of the most various sorts, and examples will probably occur to all of us, but, as the tendency is to assume that the child will soon outgrow them we commonly fail to appreciate the frequency with which they cause what are practically "anxiety neuroses" in sensitive children. Many of these have their root in an early inability to deal with purely physical situations and often are overcome in a

comparatively short time. Others, however, are of a more strictly mental origin and not being understood by the child himself and regarded as silly by parents, they are simply more or less repressed only to give trouble later on. Such neuroses often emerge as various physical or mental symptoms including tremors, emotional crises or other phenomena which apparently have no adequate discoverable cause.

In this connection, the writer will not soon forget his own acute anxiety at eleven or twelve years of age lest he go into a trance and be buried alive. This came on, by the way, after a call at the house of an intimate friend, whose brother had just died—and before the funeral. This for a time made it very difficult to go to sleep at night, but fortunately he confided this to his parents and was assured that this was practically impossible of occurrence. Other cases are not so easy to reach, such as an unreasoning fear of going on the water, of crowded buildings, etc. But without going into further details it would seem obvious that the causes of all such symptoms should be carefully sought when symptoms first appear and by explanation and moral support the child helped not to repress the fear but to develop the proper attitude toward the cause.

The second and more intractible type of mental disturbance is that in which the child tends to exhibit an unusual and often antisocial sort of activity or when the emotional responses to the ordinary social relationships such as the family, are lacking or uncontrolled, or where ideas develop which are founded on an imagination uncontrolled by experience,—in short, where the normal Organization of activities, emotions and ideas referred to above does not occur. In this category, come those children showing morbid impulses, those who have ungovernable fits of temper, who show great irritability and excitability without adequate cause, those who are seclusive and apparently unable to make friends and those whose day dreams are more real to them than the concrete world around them. There are, of course, all grades of these conditions and perhaps most children show at times, or for a time, some of these characteristics with little or no obvious bad after-effect.

But this is simply to emphasize the fact that in childhood as in maturity there is no mechanical standardized "average individual" and especially that childhood is the time of moulding of the personality and of gradual integration of the physical, emotional and intellectual reactions. This being a process of infinite complexity depending on many physical and social factors varying in strength according to the child, the result must necessarily be a constantly varying total. But, notwithstanding the emergence at times of some or many of these traits in children who go on to develop without any serious incident, the extent to which any such traits become dominant means a real dis-

turbance in the mental life of the child and if ineradicable often are the basis of true psychoses later on.

Here too, one or two brief case histories may help to visualize the problems which these children present and indicate what seem the most hopeful lines of management.

CASE HISTORY NO. 2. E. M.—This case is an example of one in which the child was seen when the difficulty was not of long standing and where adjustment was comparatively easy. E. M., a boy about eleven years of age was brought by his parents to a Children's Clinic because of constant complaints of his teacher that he was unmanageable at school and because his conduct at home was becoming a matter of considerable anxiety. A report from the teacher states that, while the boy was quick to learn if he wished to do so, he was often disobedient, sullen and defiant, and that she had not seemed to be able to do anything with him. His mother, who was a woman of good average intelligence, stated that it was almost impossible to get the boy to do anything around home, that he would not stick to anything he started and that he did not seem to feel any affection for his parents. There was no history of any physical or mental defect in the family of any sort and the boy had not had any serious illness which might have had any bad after-effects. The father, who came with the boy, was an alert business man of about middle age. The mother was somewhat fussy and to her the task had chiefly fallen of dealing with the child because of the father's absence at business. Physical examination of the boy showed him to be fairly well developed for his age and with no physical defects. His nervous reflexes were all quite brisk. A psychometric examination also showed him to be quite the equal, or slightly superior to the average boy of his age according to the result of the Binet tests. All through this examination the boy showed himself alert and interested in everything done and gave his co-operation quite willingly.

Finally, he was frankly told by the writer that his parents had brought him to the Clinic because of the constant difficulty which had occurred at school. He himself, had apparently been quite puzzled as to the reason for the visit. He was also told that continual complaints from the school had caused his parents much worry and he was frankly asked wherein lay all the trouble. He then just as frankly replied that he had never had any trouble with any other teacher but the one he had at that time, that her methods of punishment were not fair, that she took no trouble to find out whether he was really responsible for things for which she blamed him, and her punishment made the others laugh at him. He then went on to say that usually when he was sent home from school after any trouble he was sent to bed by his mother and this he regarded with indignation, as he felt it was treating him as a little boy.

He had consequently greatly resented these actions, and it was apparent that on the mother's part there was a tendency to nagging and fussiness which kept up his irritability and made his management more difficult.

It became apparent that the difficulty was neither neurological nor intellectual, but that his attitude both in the school and in the family had been caused by unwise methods of discipline which had aroused his opposition, because it outraged his sense of fairness. It so happened that he was looking forward to becoming a Boy Scout and an approach was made along the line of emphasizing the application of the Scout Laws of obedience and helpfullness. It was also pointed out to him that if he would settle down to work in school instead of trying to oppose a teacher whom he disliked, he could soon pass out of the room, and, at the same time, as he was improving his position, he would remove the cause of worry to his parents. He was also told that the teacher who seemed to him so unfair was probably trying to do the best she could. He was assured that he was quite able to do as well as any other boy at school and to make his parents proud of him instead of anxious in regard to him.

His response was a most friendly one and he appeared to grasp the point of view and to begin to understand how he was making much of his own trouble. He promised to adopt a different attitude and to do the best he could both at school and at home.

Inasmuch as it was felt in this case that the attitude of the parents and the teacher was fully as important as that of the boy, it was suggested that somewhat different methods be used both at home and at school. The mother was asked to talk things over with him rather than to scold, to punish when necessary by methods which would not leave a rankling sense of injustice, and it was suggested that she should set small definite tasks requiring them accomplished before he was allowed to do things that he wished. A note was also sent to the School Principal, who had written in regard to the boy, suggesting that the teacher be asked to use different methods and that it be assumed that he was going to make a different record. A few weeks afterwards the writer received a letter from the boy's parents and from himself as well, reporting that the situation had entirely cleared up, he was doing quite satisfactory work at school and that the home relationships had become much happier.

CASE NO. 3.—This boy exhibited peculiarities of a much more marked sort and for a much longer period of time than the last, but as will be seen a certain amount of control was established. H. W. was first seen by the writer (who was at the time acting as Probation Officer in a Juvenile Court), when he was arrested, charged with setting fire to some buildings. This he denied, but because of his obvious hyperactivity and lack of control he was taken to see a neurological consultant

who pronounced him definitely psychopathic. He was then twelve years of age, and it was stated by his mother that for a long time he had been showing peculiarities which made trouble constantly. He was extremely restless, very fond of doing dangerous things for the excitement of doing them and incidentally annoying his mother. He would fly into ungovernable rages on the least opposition and would give way to any erratic impulses that might happen to come into his mind. His teacher at school was actually afraid of him when he went into these tantrums and his mother feared greatly that in one of these he would sometime attack someone with serious results. He admitted that he was very fond of watching fires and seeing animals killed and would stay away from school to go to an abattoir for the latter purpose. His uncontrolled activity and imagination is illustrated by the following incidents. He had on one occasion thrown a glass of water on a baby resting quietly in its carriage in the hall on the flat below. When asked why he did this he responded first that "It's not our baby," and then, "I wanted to see what it would do." Again when told that his tantrums and his truancy would be a serious bar to his getting on later he responded, "I do not need to go to school any longer, I am an inventor. I have made one invent already." He went on to say that this was an arrangement for keeping one warm in bed by passing electric wires through the mattress. This invention, by the way, seems in the last few years to have been a practical one. At that time (1908) the writer had seen no mention of such and it appeared to be merely the result of uncontrolled imagination. Aside from great motor hyper-activity and general trigger-like reactions, the patient showed no obvious physical abnormalities. On the other hand his heredity and home relations were very unfortunate. His mother was a well-meaning woman, very anxious for his welfare but rather apt to nag at him, and would fuss and plead instead of giving a definite command or refusal. His father was a pronounced victim of periodic alcoholism and in consequence he treated the boy with alternating slackness and undue severity. It was felt that his greatest need was a steady and firm discipline, but unfortunately this was impossible at home and there seemed to be no other place where it could be obtained. After a short time patient was lost sight of for two or three years and then suddenly the writer met him one day when visiting the Provincial Industrial School where he had been sent because of incorrigibility. Here he was frequently spoken of by the other boys as "nutty." He would frequently do erratic and foolish things for which he would give no reason, and it was generally thought that sooner or later he would have to be sent to a Mental Hospital. His mother at this time stated that the chief difficulty when at home had been his habit of doing foolish and sometimes dangerous things the moment

the ideas came into his head. The father had deserted them since the family first were seen and the boy had been much easier to manage after his going. His mother, however, was afraid to have him at home because she was in constant dread of the result of some of his impulsive actions. For instance it was a common thing for him to place a lighted lamp by his bedside and several times there had been a narrow escape from a dangerous fire when he would knock this over. He himself realized the fact that many of his actions were peculiar and told the writer that sometimes he "just had to do" a particular thing which he knew afterwards was foolish and for the doing of which he could give no reason. Contrary to the expectation of the writer and the Officers at the Industrial School this boy developed sufficient control to enlist in the army, finally went overseas and while he achieved no special distinctions, he apparently passed through the ordinary ordeals of Active Service as well as the average. He was known, however, to be a good bit of a joke to the others with whom he served and was constantly telling stories in regard to himself which were known to be considerably embroidered. He has, however, shown enough control of his impulses so that he has avoided any contact with the law and has been able to make a living for himself. In this connection it is probable that the firm discipline of the Industrial School was very valuable and indeed the only thing which saved him from serious disaster.

In all these things discussed above one common point will have been noted—that of more or less marked nervous hypersensitivity and instability which made control difficult and which tended to an explosive activity of the psychomotor mechanisms. The bearing of this in determining the child's reactions in many of its social relationships is obvious, as is also the need for more careful training in self control.

In conclusion may I offer just a word of caution in regard to a procedure much in vogue just now—that of the use of the various "mental tests"—introduced by Professor Binet of Paris in 1908 and revised by Goddard and Terman for use in America. It is now coming to be recognized that even when done under the most favourable conditions, these merely give us information of a child's intellectual or school acquirements and are of little use in understanding the infinitely complex mass of impulses, desires, imaginations and strivings that go to make up the child's personality.

In view then of both the inaccuracy of fixing a diagnosis of "mental deficiency" to a child still in process of development, and still more of the stigma which attaches to this and the sense of personal discouragement when it is known to the child—as is too often the case,—the writer feels that such a "label" should not be lightly given. This is especially true after a single examination is made by one who knows the child only

slightly and perhaps without an adequate physical examination as well. Indeed the writer often feels we are in general rather too fond of fixing labels and too little observant of the complex processes which go on in an individual's mental life.

The writer realizes only too well how crude and sketchy are the foregoing remarks on a complicated but vastly interesting and important subject. But he will feel his temerity justified if they may have suggested to anyone a helpful point of approach in a difficult problem, or helped if ever so little to emphasize the importance of the all-round study of our younger patients. For here, as in perhaps no other realm is the old adage true, "The child is the father of the man," and, "As the twig is bent so the tree will grow."

NOTE; Those interested in these conditions will find two little books quite helpful, both in the "Oxford Medical Series". 1. Functional Nervous Diseases in Children, Guthrie. 2. The Nervous Child, Cameron.

THE RELATION OF GENERAL MEDICINE TO MENTAL MEDICINE*

BY ALVIN T. MATHERS, M.D.

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These are strange, uncertain times. We look about us at a world in flux. Unrest, distrust and discontent are rampant. We seem none too sure of what we want, and are disturbed. Doubtless we are passing through one of the great transition periods that have marked the world's history heretofore, but, bearing in mind that "it is not in his goals, but in his transitions that man is great," we may, perhaps, be somewhat comforted and believe that these uncertainties do but constitute a physiological epoch.

Nor has the profession of medicine been immune to the disturbances mentioned. We, too, feel this discontent, we see in ourselves peculiar contradictions—a constant reaching towards the new and radical, albeit with more than a passing glance at old traditions and customs. The "old perfections of the earth" still hold a place in our hearts. And strange to say, some of the things that we would feign believe glitter like new gold, are found on close examination to be but some old metal reburnished. In the past decade, medicine came its nearest to being an exact science. Exact in the sense that we were taught and expected to find in each sick individual a specific cause and a specific ear-mark in the form of diseased structure. Medicine demands facts based on things seen, felt, heard. The individual patient was, as it were, gone over with a fine-toothed comb, our desire being to demonstrate some bacterium, some change in blood, secretion or tissue that would explain completely that patient's distress. The methods of precision have been worked hard and had we not grown to depend too much upon them, all would yet be well. But the seers of Medicine cry out that in our mad rush for scientific data, we have forgotten that there is an Art in Medicine, that there is in it an intensely human factor that microscopes, colorimeters, etc., can never touch. One sees unmistakable signs of some discontent with the results of "laboratory medicine." We must grant that the laboratory has done much but we know that it can never be all of medicine. You may ask what all this has to do with Mental Medicine and I answer that I believe it is in this heretofore unfortunately isolated division of Medicine, more than in any other division, that the whole individual

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patient is being considered. Up to date Psychiatry is making full use of the data of scientific medicine, but it has not forgotten that body and mind are inseparable and that disorders in one almost invariably set up reverberations in the other. It is an appeal for the consideration of this fact that I wish to make. The fair flower of medicine at this moment is surrounded by a variety of noxious weeds. Our would-be rivals, representing at best half truths make use, unconsciously often enough, of that keen understanding of the whole individual that should rightly be the most blessed attribute of Medical Art. These "Masters of Effrontery" have stolen and continued to steal a considerable portion of our most valuable possessions. Cults that still the fear of the sick by absolute denial of the existence of disease, or, by direct promise of cure, do seem to supply something that many patients must have. Medicine seems to have lost sight of the sick man while busying itself with running down gall-bladders, hearts or what not. Need we say that Medicine must regain her own?

Let us look closely at the relationship of General Medicine to Mental Medicine. The latter finds itself to-day almost an exiled specialty and this is not as it should be.

It is said that "Specialization is unquestionably essential for the rapid advance of knowledge in any new direction, but there is danger of a specialty being split off permanently by centrifugal action from the sphere in which it originated. This is apt to leave the specialty an isolated body revolving in a narrow orbit around its own subject, from which it ultimately ceases to draw much light or heat. For when the specialty gets very far removed from Greater Medicine, no matter how bright its original flame, it rapidly cools to the loss no doubt of both Medicine and Specialty." In the present condition of temous relationship between General Medicine and Mental Medicine, General Medicine has no doubt been the greater loser. For while Psychiatry, and by this I mean the treatment of mental symptoms whenever, wherever and in whatsoever degree they occur, is making use of practically all that General Medicine has to offer, General Medicine has woefully neglected the investigation and treatment of the mental elements in disease. It has failed, generally speaking, to realize that "mind is the most intimate and personal of our possessions," that it "constitutes an organic structural part of our being." "If it requires healing, if it has a definite relation to body," then can we deny that the physician must take it into account." We have been taught the embryology, anatomy and pathology of organs and tissues, but we have heard next to nothing on that of ideas and feelings. Three hundred years ago Burton, it is true, wrote his celebrated "Anatomy of Melancholy" and I crave your indulgence while I quote, for there is no more striking passage in that work

than this "For that which is but a flea biting to one causeth insufferable torment to another, and that which one by his singular moderation and well composed carriage can happily overcome, a second is no whit able to sustain, but upon every small occasion of misconceived abuse, injury, grief, disgrace, loss, cross or humour, yields so far to emotion that his complexion is altered, his digestion hindered, his sleep gone, his spirits obscured, his heart heavy and his hypochondries mis-affected; wind, crudity on a sudden overtake him and he himself is overcome with melancholy."

"The classical conception of disease as set forth in text books is entirely based on a materialistic pathology. Altered function, in other words symptoms, receive a physical, a bio-chemical or no explanation at all, treatment is confined to chemical reagents and drugs." And can we expect anything else when medical students receive practically no instruction in the detection and treatment of the mental elements in disease. They hear the advice to treat the patient and not the disease, but they pay little attention to this since they are not told how it is to be done. Most of them, slowly, perhaps painfully, and almost certainly unconsciously, discover a hint of it for themselves as they pass on through their professional lives. One looks in vain through text books in Medicine and Diagnosis for anything suggesting that a great field in the investigation of each individual patient lies beyond the scope of laboratory method. I looked through six standard books on diagnosis and found that on an average they devoted half a page to the discussion of mental factors in disease. Students come to their final examination with little notion of personality or the tremendous part it plays in the practice of medicine. Students certainly, and the majority of practitioners I fear, approach their patients determined to find "one specific and definite thing as a cause for a most complex condition."

"In Internal Medicine intensive study is directed toward the individual organ or system. It is frequently necessary to pay attention to the way in which the organs are linked together by the Central Nervous system or by the glands regulating the bio-chemistry of the body, but no higher integration is attempted. The actual individual is seldom reconstructed for the purposes of the internist; much less the surgeon. Personality is a category that he does not use." "So far as the study of personal factors is omitted, the study of the function of the individual organs is incomplete." Campbell, whose words these are, has shown well the part instinctive reactions, emotions and personal factors play in the genesis of some heart disorders. War-time experience brought this home to many. Many gastro-intestinal cases arise on a similar background and the myriad of so-called psycho-neurotics going from physician to physician, demonstrate the supremely important position

that psychic elements occupy in the genesis of symptoms of disease. We may see in these, if we but look, the devastating effects, both physical and mental, or maladjustments of mind to surroundings. Theirs are minds not readily affecting that rapport with circumstances and environment that alone makes life normal, yes perhaps even possible.

This neglect of consideration for mental factors is in part the result of lack of training, in part due to lack of guidance by the recognized leaders in medicine, and in no small part, doubtless due to indolence, impatience and hurry. "The mention of psychic factors is so likely to bring down on one expressions of disapproval and irritation from one's brother practitioners, that strongly opposed views and radical attitudes are engendered." "Those recognizing the psychic factors, are almost forced to be extreme because of the necessity for defending their stand against those who ridicule the idea that certain mental and emotional attitudes towards life can ever interfere with health." We have seen as the result of this the gradual drifting apart of General and Mental Medicine. The ties have grown more and more feeble until they are all but broken. General Medicine spurns Mental Medicine and Mental Medicine has no doubt become seclusive as the result. What we urgently need is a home coming, not as a prodigal but as of a child, who through former misunderstandings, gradually withdrew and lost contact with its patient.

In days to come "Mental Medicine's great contribution to medicine generally will be recognized as the longitudinal section method of surveying the patient instead of the cross-section method—the survey of the whole individual, the mental and nervous as well as the obviously physical." We must know that contrary to a frequently heard dictum, all men are not created equal. Daily experience makes it plain that men differ greatly in their mental, moral and physical attributes, and yet we, in treating a sick man, have seen no reason to inquire into and allow for inherent instinctive tendencies, emotional disorders and volitional defects. Aside from the increased confidence and comfort that complete investigation gives to the physician, there is the strong practical value to be considered. A careful, even if not too prolonged, searching of family and past history may reveal constitutional traits and environmental mal-adaptions that can conceivably, and may actually, modify or initiate present complaints or symptoms. The physician or surgeon brought face to face with an odd group of indefinite complaints, gains valuable insight into the case when on inquiry he discovers that the patient's life is shot through with evidences of abnormal sensitiveness and emotional instability. He will not lightly embark on radical procedures in treatment without further probing and without satisfying himself on the whole question of "What is this individual trying to do?"

Has he actual solid pathology that will account for all of his complaints? Has he no solid pathology at all or, as most frequently happens, has he a moiety of structural and functional change with a large cloud of abnormal mental reactions surrounding it?

So much then for the general appeal for a more thorough and searching consideration of the mental factors in disease.

We may refer for a few moments to yet another aspect of the question, and that is the presence of definite mental symptoms in cases of Somatic Disease. The occurrence of delirium in acute infections need not detain us. Everyone meets cases of this kind. But just in this connection we may mention an important type of mental disturbance which seems, as time goes on and facts accumulate, to be definitely and closely related to infection. I refer to the psychotic episodes of the puerperium. In the Psychopathic Hospital we have a very fair opportunity to observe such cases. There has not been a single puerperal case committed to the Provincial Hospital in Manitoba since the Psychopathic Hospital opened. We have noted, in every case seen by us, such signs of infection as fever, purulent discharge or leucocytosis. In looking back over the History of Medicine we find that as the technique of mid-wifery has improved and sepsis grown less frequent, the acute mental disturbances have also grown less frequent, these are facts that point their own moral.

Few physicians recognize the fact that pernicious anaemia may be characterized or indeed ushered in by a mental upset. In one year four such cases have come to our notice and not all of them had the spinal chord signs that we are accustomed to think of as the contribution of the nervous system to the symtomatology of the disease. Delusions of persecution and ideas of influence and reference are the outstanding mental features of such cases, and they apparently rise and fall with the well known remissions of the disease.

Epidemic Encephalitis has contributed a very fair number of cases, some of them decidedly atypical, the true nature of the condition only becoming apparent after careful investigation or prolonged observation.

There seems just now to be danger of the endocrine glands being considered guilty too often, but I am convinced that we regularly miss the significance of disorders of these organs in many obscure mental conditions. During the past year I published in the Journal the report of a case of Myxodema that for a time "got away" with the diagnosis of Dementia Praecox. A more recent case showed with her psychosis evidence of pituitary and thyroid disorder. All symptoms disappeared under appropriate treatment, only to recur when through carelessness the treatment was neglected. The symptoms again disappeared with

the recommencement of treatment. We know enough of the functions of the Endocrine Glands to be assured of the fact that they work together rather than separately and that they are closely connected with our emotional lives. In fact, one feels at times that they take part in vicious circles, pernicious activity being engendered by abnormal emotional demands and this same dysfunction acting toward keeping up or aggravating these same genetic conditions. Future investigation in this field holds much promise.

A few moments ago I spoke of the patient's personality as something to be seriously considered. Will you bear with me for a moment while I remind you that the physician's own personality is also an important factor. Scholastic attainment and technical proficiency do not make a complete physician. We too often see the dismal failure that comes when these are felt to be the only requisite for practice. The truly great physician is, as I think Dr. Rudolph has said, "he who, consciously or unconsciously, holds within himself and utilizes that "Gift of healing, the mystic personality that inspires faith in a sick man, who as he lies a crumpled wreck, maybe longs for the kindling spark of happiness, a ray of hope to light his darkness." "A cheerful heart doeth good like medicine," applies to doctor as well as patient.

"As servants and medical advisors of the public, it seems then our duty to study carefully all the facts of both individual and disease, and to base our opinion on these facts unbiased by the habit training of a specialty or the conservatism of tradition." Not only must every physician be a real physician, but in very truth, he who would be a physician must be something of a psychiatrist. We may indeed believe that the towers of Eldorado, though distant, gleam brightly for those who with inexhaustible hope and inflexible resolution, base their faith on the Art as well as the Science of Medicine.

And when we say Art, we remember that "all Art (including that of Medicine) is long and life is short and ultimate complete Success seems very far off. And thus, doubtful of our strength to travel so far, we talk a little about the Aim of All Art, which like life itself is inspiring, difficult and often obscured by mists. It is not in the clear logic of a triumphant conclusion, it is not alone in the unveiling of one of those heartless secrets which are called the Laws of Nature. It is not less great—but only more difficult."

THE GIFTED CHILD

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Hygiene may be defined as the art of promoting health whether it be bodily or mental, whether it be individual or community health. This art is dependent for the formulation of its rules upon the discoveries of science. Mental hygiene is the art of promoting mental health and is therefore dependent upon the science of the mind,—psychology, or, as some would define it, the science of human behaviour, for we can only judge as to the state of the mind by the manifestations of mind. It cannot be emphasized too strongly that when we speak of mental hygiene we mean all aspects of mind—the normal as well as the abnormal. All manifestations of mind are subject to the same laws and there is no more chance in the mental world than there is in the physical. The diseased mind must be restored to health and the normal and super-normal mind must be maintained in a state of health by obedience to mental laws. In the proper sense, therefore, mental hygiene is not limited to the consideration of the subnormal. This false impression which has been going abroad is due to several causes. First, the medical profession and Social Workers have directed their efforts mainly towards the attempted reclamation of the subnormal. There are good reasons for so doing but such activities are merely protective, in fact, it is not protection that is required but elimination, not in the Spartan sense but by some equally efficient method. There has been a too literal interpretation of the brother's keeper idea. Society must protect itself rather than protect these people, and it must do this by elimination, not by futile half-way measures. In the second place, the medical man receives his training in mental diseases by a study of the caricatures of mental life and he is therefore inclined to consider only the subnormal. The physician should approach the study of the abnormal mind by its relation to the normal, that is, through psychology. The present training gives a false emphasis and an inverted perspective. Only by such a procedure will our medical men, and through them the general public, realize that the proper care and education of the supernormal is of infinitely more benefit to society than the segregation and elimination of the unfit. The former is constructive the latter merely protective.

The whole matter of mental hygiene is further evidence of what science is doing to raise the standard of living by creating and establishing ideals. Medical science, if such a term is admissible, is nothing more

or less than the application of the discoveries of the various sciences towards the healing of the human organism and prevention of disease. It is applied science, and one sometimes fears that some of our medical brethren are occasionally inclined to ignore the debt. If there had been no modern science, there would have been no modern medicine. The barber and the curé would still be plying their trade.

All of our social problems are ultimately and fundamentally child problems. The solution of them lies with education in the wide sense of the term. Now it is a matter of common sense verified by science that all children and adults can be placed in two classes—Normal and Abnormal. The Abnormal can be further subdivided into two classes—the subnormal and the supernormal. From such a classification it is easy to see that abnormal does not mean, as many seem to think, below par. It literally means away from the normal or general rule—either *above* or *below*.

It is important that we have some notion as to what we mean by normal, subnormal and supernormal because of the prevailing misconceptions. What constitutes a normal individual is difficult to define in so many words. We acknowledge that there are certain mental qualities which are somehow or other deemed essential to a well balanced person. If these qualities are carefully analysed it will be found that they are of such a character as enables the individual to meet his environment in a capable and satisfactory manner. Normality, then, is indicative of a certain amount of adjustment. This is somewhat relative, for a child or adult may pass for normal in the quiet of country life while under the more complex conditions which hold for the city he would be classed as subnormal. Human environment is becoming more and more intricate, for inventions and discoveries instead of making life simpler are really making it more involved and thus raising the standard. This is the evolution of the human mind and it is brought about by the efforts of the supernormal individual, the one who makes the real additions to the store of human knowledge and who should, therefore, be the object of more educational effort.

From the above definition it can be inferred that normality is not a question of the majority but the ability or fitness to meet the conditions of life and cope with them successfully. Supposing that the majority of persons were afflicted with some disease, we should not regard them as the standard but rather the minority who were healthy. Further, some are of the opinion that the mental processes in the abnormal individual differ in kind from those in the normal person. This is not so, for the mental life of the insane is made up of the same elements as are present in the mind of the sane. The insane have perceptions, memories, ideas, emotions, states of attention, etc. The difference, then, cannot be one

of constitution of elements but one of proportion or balance among the various constituents. In the normal, the various aspects of mental life are balanced, whereas a lack of the proper proportion spells inability to meet environment.

Recognizing that the school is a vital factor in social progress and improvement and that the salvation of the race depends upon the salvation of the gifted child and the elimination of the defective, let us consider the matter from the point of view of mental hygiene. Briefly, our schools should recognize three grades of children—Subnormal, Normal, Supernormal.

The Subnormal children may be divided into two main groups:

A. Retarded Children
   1. Weak Body.
   2. Normal Body

B. Defective Children
   1. Borderline.
   2. Morons.
   3. Imbeciles.
   4. Idiots.

In class "A (1)" the retardation is consequent upon a weak body, including the central nervous system. This is due to such causes as poor food, slum conditions, defective vision or hearing, diseased tonsils, adenoids, bad teeth, insufficient clothing, unsanitary home or school conditions. These can be remedied and when done a decided improvement is often noticed in the majority of cases.

In class "A (2)" the body is apparently healthy and the mental condition may be attributed to improper functioning of the neural processes which correspond to the mental processes. Some of this kind of retardation is due to emotional disturbances of childhood or perhaps to the prenatal period. The children in these two classes are not mentally defective and their condition in many instances can be improved by attendance at special classes after the physical defects have been remedied.

The children in class "B," however, are regarded as defective and are represented in the tables in a descending order of intelligence. Sometimes the whole group is called feebleminded.

"In regard to the subnormal child a fair amount of excellent investigation has been done in a few years, but little has been accomplished in the way of understanding the supernormal child. Most educators think that it is unnecessary, as the clever one will take care of himself no matter what are the conditions in which he is placed. On account of a lack of material our discussion of him will be rather superficial, for in

this, as in all other cases, we must wait for the facts as revealed by experiment, and not allow ourselves to be led away by philosophical theories prior to investigation.

At present psychologists divide the supernormal into two classes—a more or less common-sense division: 1. Those specifically endowed; 2. Those universally endowed. In the first class some one mental characteristic is specially developed, while the other aspects of mental life may be no more than normal. This gives the individual so equipped a special talent or aptitude in some one direction. To this class belong the musical, mathematical, or other prodigy. In all these instances we find an overdevelopment in some one direction and a normal development in other functions.

In the second class are included all those who show an over-development in all mental functions, so that they are capable of doing exceptional work in many different occupations. The one-sided genius often becomes ill-balanced on account of loose educative methods. It is most important that they receive proper consideration. It is to this class that the great intellects of the world belong—those who are great in many realms of knowledge, not by mere knowledge, however, but great by way of actual contribution."*

A warning must be issued with regard to the use of intelligence tests. Some medical men are inclined to use them in routine manner. All results of the age-level tests must be viewed with due consideration to the social perspective, education, environment, temperament and family history. All of these play a part in the child's responses and must be considered in making any diagnosis. To-day, these tests are being applied by persons, some of them doctors, who do not understand even the rudiments of the psychological foundations of the tests. This can only spell failure.

There is no absolute or complete correlation between intelligence and morality. No doubt a large proportion of the actions usually designated as immoral or criminal are attributable to a lack of general intelligence, but not much over 50% on the average, and so far science has found no infallible rule for detecting immorality in the remaining 50%. Some of the actions called anti-social often presuppose a relatively high degree of intelligence and the faddists who claim that all crime and immorality can be removed by eliminating the feebleminded are wrong. It would indeed be a great benefit if all incipient profiteers, grafters and boodlers could be caught young but at present that is asking too much. It is only in the lower or simpler forms of crime that the lack of intelligence comes into evidence.

* The Exceptional Child, Journal of Public Health, 1913.

It is unnecessary in this article to discuss the ways and means of dealing with the mental defective. That on account of the crime, prostitution, the waste of the time and energy on these unfortunates something should be done is evident. But after all the eliminating and segregation of this class is merely negative. This negative side is the dark side and if it were the only one the prospect would be dark indeed. "There is a bright side, but the actuality of it depends on the manner in which we educate the supernormal child. The segregation of the subnormal is merely protective and negative, while the selection of the supernormal is constructive and positive. In order that the world may profit to the fullest extent by their work, the individuals of this class must be nurtured and disciplined. If this is not done, then society and civilization are the losers, because of a false conception of human freedom. Under the present system of instruction, both in school and college, the supernormal individual is handicapped and prevented from finding his full strength by the presence in the same class of those who are beneath him in mentality. He finds the work absurdly easy and merely entertaining—sometimes not even that. The result is that there is no call for any effort or exertion on his part, hence he receives no discipline and forms bad habits of attention and inhibition from which in after life he cannot recover. This lack of care is specially destructive to the one-sided genius. There is no doubt but that the failure of those who promised much, judged by the little they did, could have been prevented by proper education. A few individuals survive this treatment at the hands of society, but it is to be feared that we have lost many of what otherwise might have been great men, because the positive habits of effort and inhibition were not brought into activity during youth.

The statement that conspicuous talent will succeed is not true of all environment. We know only of the great who have become great because of chance favourable environment. If we control the environment in education it does not follow that the result will be a hot-house plant. It does not mean that the product will be a weak and sickly individual, or that he will be pampered and life made a path of velvet for him. It does mean that he will be disciplined and developed in such a way that he will become a worthy product of conscious selection. It is the lack of the proper attention that produces the weak individual. The consequence is that we lose much of the best talent potentially given to us. Some of us have the courage to believe that the world can make use of a few more giant intellects than those given to us by mere chance.

If our schools and colleges are to be effective in promoting the good of the world and in producing a constructive culture and civilization, then all institutions of learning should take full cognizance of at least

three grades of intelligence. The bright children and mature student should not be held back by those below them—the normal—and the normal should not be retarded by those below them—the subnormal. For the same reason the standard of university entrance should not be made so low or of such a character as to admit those who cannot but fail to profit by college instruction. Very few, if any universities, make any test of intelligence. The usual entrance examinations are merely tests of what information the candidate possesses, and therefore no real criteria as to his intellectual ability.

Such a psychological division will aid us in solving another problem. It is always a question how far our ordinary schools should train for the business and trades of everyday life. So far we have not reached any satisfactory answer, and, as a consequence, our schools are a hybrid between vocational training and higher education leading to constructive study. The older countries solve this difficulty in two ways—by the caste system and by the examination system. Both are to be condemned for very evident reasons. It is very probable that if the supernormal were selected by mental tests, and the normal and border-line cases likewise, that we could bring about a more satisfactory condition than at present. It would then come about that those who are mentally qualified to enter into the life of scholarship and research—including the higher business activities—would be selected and given special training in order to fit them more efficiently for their work. It would mean, too, that much of the effort wasted in attempting to make scholars and geniuses out of ordinary clay would be saved, and the same energy directed towards making the ordinary mortal more fit for ordinary work. It would mean that our colleges and graduate schools would have a smaller enrollment, but they would give greater results at a much less expense.

Such a division of our schools would place each child in the kind of school and class for which he would be best fitted, and he would thus be able to do all that his endowments provided for."*

Educational environment should be of such a nature as to give each child the opportunity to develop his full capacity for the benefit of the race. It is the duty of the race and in particular the duty of each community to see to it that the opportunity is not only presented but that such a child makes use of the opportunity.

The supernormal or gifted child is not receiving his just recognition in our school systems, partly because of the efforts on behalf of the defective child. On the basis of reliable tests there are nearly as many children above the average as at the average, that is, there are three

* The Exceptional Child, Journal of Public Health, 1913.

well marked groups in our schools, yet the instruction is set for the average. If it is necessary to have special classes for defectives (and this is now admitted) in view of the above facts, it is not only necessary but vital and urgent that the gifted children should receive the best which educational experience can offer them. Society will be repaid a thousandfold. Some recent investigations concerning the gifted child have brought out some interesting facts: (1) They are generally underestimated by teachers. (2) They are, on the whole, morally superior. (3) They give very little evidence of pathological symptoms so often associated with superior children by the public. (4) They are usually the children of superior parents. By giving greater attention to the unfit and allowing them to propagate we augment the tendency to submerge and to hinder the development of society by the efforts of the more gifted. Greece fell from her high pedestal of art, literature and philosophy because the superior type was gradually replaced by the inferior. That came about notwithstanding their lack of child welfare and their primitive hygiene. Losses by war among the better class and exodus were not counterbalanced and the Greece of fame disappeared. The lesson is this, that if our social workers and thinkers on social problems are not historical and scientific in their attitude and method, then we will follow the same course as Greece. We must not think of the social problems of to-day as absolutely new, but as rather the same old problems in a new setting. The problems are old because the human mind is the same old mind, but finding expression in other ways. We should have perspective in dealing with these problems set by the nature of our mind, and the only perspective is racial and historical. Our brother is often best looked after by preventing the necessity of calling him a brother.

Consider the manner in which we carried on the war as an example of how little is realized concerning the importance of building up a high grade racial stock. The method was most detrimental to our race and to those ideals for which we were supposed to fight. We permitted, nay encouraged, voluntary enlistment for a long time which simply meant that the higher type consented to have themselves killed. Higher type produces higher type, and therefore by reducing the number of such we increase automatically the proportion of the less desirable, thus we were voluntarily committing race suicide in the real sense of the word. This combined with the efforts of social workers to save the unfit cannot but lead to an effete civilization. If we frustrate the law of natural selection and substitute nothing in its place we must pay the penalty of extinction.

To keep up the tone of our race it is not only right and just and holy to save, educate and train the gifted child, but it is necessary to

our existence. The welfare of the world depends upon a hardy education of the supernormal. The superior child should not be rushed through his grades but given more difficult work, finishing about the same time as the normal individual but having completed a more complicated course of study rather than merely more study.

It is said that mental defect is increasing. That may well be and the reasons are not far to seek. (1) Greater care of infants by the establishment of homes and the non-recognition of mental defect by social workers, educators and medical men. (2) Protection against some of the means of elimination such as alcohol, which has a decided tendency to put away those unable to control its use, that is, those lacking in will power. (3) Greater educational efforts on behalf of defectives as compared with the supernormals. (4) A sort of patch work kind of social philosophy which deals with symptoms rather than causes. (5) The importance of the group as compared with the individual, by reason of which the weakling is further nourished.

Barring exceptional conditions such as epidemics, there is always a low mortality rate amongst the intelligent portion of the population and a high death rate among the less intelligent. A lowering of the infant mortality rate means a saving of the less intelligent who multiply more rapidly than their more brainy brothers. We are striving after quantity and getting it in other ways besides immigration, but neglecting quality which is far more important.

Let it be repeated then. Save, educate, train and discipline the gifted child for only by such a policy will we obtain racial stability, sanity, social hygiene, culture and high survival value and the worth while things of life. The solution of social problems is a solution of child problems, but the end is not attained by attempting to bring all to one level. Too much of our efforts are being directed towards an attempt to raise everyone up to the same status, not realizing that when they are temporarily there they are unfitted for that stage of life and, after the supporting hand is withdrawn, fall back into a worse condition than they were before, for now they are dissatisfied. Instead of reaching forward for a best civilization we seem to be reaching forward to an average type. We should aim at the best, not at the average, for even then we shall fall short of what is really the best. An average implies two processes. The worst gets the benefit of the best and the best is brought down to meet the worst.

To Canada the lesson is worth while. We cannot allow our brains to be exported to other countries and then hope to make up the deficiency by importation. If it is necessary to protect our natural industries then it is a thousandfold more necessary to protect in the sense of cultivation our native born brains with which to develop those industries. A nation

must produce its own leaders from the soil. They are never too numerous, for great men have always been scarce. We lack them in Canada, and we lack them because Canadians have been allowed to go abroad (not always from choice) and then the attempt has been made to make up by importation. The exchange has not infrequently been against us. It is a hurtful trade policy to have imports exceed exports. It is suicidal from the educational, racial and cultural viewpoint. In this regard it is well for Canadians to ponder over the following facts:

Population of Canada in 1901	5,200,000
20% natural increase in ten years—1901 to 1911	1,100,000
Immigration, 1901–1911	2,000,000
Population in 1911 should have been	8,300,000
Actual population in 1911	7,100,000
Difference	1,200,000

The question arises what happened to the 1,200,000, for the immigration alone more than accounts for the increase. There is one answer and that is that we are losing a considerable amount of our native born people (the better type on the whole) and filling the country with inferior types and then expect to have a great country. It cannot be done for even many of the English speaking immigrants are far from desirable as the statistics of deportation will prove. Greatness, intellect, leadership, art and culture must be bred in the country. Such qualities cannot be bought and they cannot be imported. Love of our native land, loyalty to our institutions, national morale, is not to be expected from those who have no stake in the country, and whose sole purpose in coming here is to make a living, who contribute as little as possible and who never regard Canada as their home.

In a word, national existence, the building up of a distinctive Canadian character, the moulding of our citizenship, is mainly a matter of mental hygiene—the recognition of the gifted child and the retaining that child in Canada to beget his kind. A country is great not because of national resources or opportunities, but because of the kind of men who inhabit it and who make proper use of those resources and opportunities.

JUVENILE COURTS IN CANADA

BY GORDON S. MUNDIE, B.A., M.D.

Montreal

Juvenile Courts have been established in a number of cities for sufficient length of time to warrant a review of their methods and progress in the handling of juvenile delinquents.

The Juvenile Court of Montreal according to law has two standing committees to assist the Judge in the disposition of all cases brought before the Court. During the last year the Non-Catholic Juvenile Court Committee, which is composed of prominent citizens interested in the problems of juvenile delinquency, has been making a special study of the best methods to handle the juvenile delinquent. In order to find out exactly the position of the Juvenile Courts in Canada, a questionnaire was sent to the Courts in the following cities: Toronto, Ottawa, Winnipeg, Edmonton and Vancouver.

The purpose of this questionnaire was to gather facts of the Juvenile Courts in the leading cities of Canada, so that the Non-Catholic Committee of the Montreal Juvenile Court might effect improvements in their Court.

The questionnaire, with a summary of the answers received will be found on the following pages.

A general survey of the answers to this questionnaire reveals the fact that generally speaking the importance of the Juvenile Court to the community is not recognized by the Provincial legislatures or city councils. In the cities of Ottawa and Edmonton no direct appropriation is made for the Juvenile Court; in Ottawa the Court is not recognized as a separate institution, apart from the Children's Aid Society and its work. In Vancouver, Winnipeg and Toronto, the appropriation is considerable, but not adequate for the amount of work involved. In Montreal the amount appropriated is totally inadequate.

3. *Have you a special Juvenile Court Judge?* All the cities written to said they had a special Juvenile Court Judge, but when this question is combined with the one as to whether the Judge presides only over the Juvenile Court, we find that Toronto is really the only city which has a special Judge for this Court. It is recognized that the duties of the Juvenile Court can fully occupy the time of one Judge, but only Toronto fulfills this condition.

5. *Salary of Judge?* Here again we see the tendency to make the Juvenile Court simply a side issue. In three cities the Judge of the

	MONTREAL	TORONTO
1—Population of city?	700,000	500,000
2—Appropriation made for the Juvenile Court by the city, Provincial Government, or both?	$6,000 by city, balance by Provincial Government	$26,500
3—Have you a special Juvenile Court Judge?	Yes	Yes
4—Does the Judge preside only over the Juvenile Court?	No	Yes
5—Salary of Judge?	Nothing	$4,000
6—Number of Probation Officers?	Four	Five
7—Salaries of Probation Officers?	$600 to $800	$2,500, $1,500 to $1,800
8—Number of cases handled last year?	1692	2206
9—Amount of follow-up work done?	Very little	A great deal
10—Provision made for Detention Home?	Fair one—for boys only	Yes—poor
11—Percentage of cases sent to institutions?	4.6%	1.81%
12—Percentage on probation?	75%	32.71%
13—Extent to which other Social Agencies assist in Juvenile Court work?	A great deal	A great deal
14—Is physical and mental examination made of each case?	Only Non-Catholic cases.	Yes, when necessary.
15—Psychiatrist attached to the Juvenile Court?	No	Yes
16—Attitude of community towards the Juvenile Court?	Fair	

VANCOUVER	OTTAWA	WINNIPEG	EDMONTON
125,000	110,000	282,818	65,000
$20,000	None	Provincial Government—$35,150	None
Two—one for girls, one for boys	Yes	Yes	Yes
No	No	No	No
$1,200	Nothing	$1,500	Nothing
Three full time—one part time	Three	Three and school attendance officers	Four
$1,740	Chief P.O. nothing—$900	$1,800 and $1,500	
295	201	1289	
A great deal	Considerable	A great deal	
Separate Detention Home	Splendid one	Yes	No
8.8%	4½%	2.6%	
	50%	28%	
Not a great deal	Very fully	Fully	Children's Aid Society
Large percentage	No	Repeaters only	No
No	No	Yes	No
First class	Favourable	Good	Appreciative

Juvenile Court receives no salary as such, and in the other three cities only in Toronto does he receive an adequate remuneration.

6 and 7. *No. of and Salaries of Probation Officers?* The modern treatment of juvenile delinquency consists in a careful investigation of the child's personal and family history and of his environment, and then attempting to adjust the child's physical and mental make-up to his environment. In order to do this properly, trained probation officers are essential but in every city to whom the questionnaire was sent the replies indicate that this condition has not been fulfilled. In every city, when we consider the number of cases handled, there are few probation officers and in some cities the probation officers employed have not been sufficiently trained. When we are told that these officers only receive from $600 to $800 a year in Montreal, we realize that the Government in the Province of Quebec does not realize the importance of the work accomplished by the Juvenile Court.

9. *Amount of follow-up work done?* All the answers to this question were more or less vague and Edmonton did not attempt to answer it. It seems probable that this question is more or less linked with the number of probation officers—When there are insufficient of these officers the follow-up work is neglected, and of necessity left to outside agencies. Therefore, it is difficult to estimate how much follow-up work is really being done, and until the number of probation officers is increased, the follow-up work will naturally suffer.

10. *Provision made for Detention Home?* The question as to whether a detention home attached to the Juvenile Court is necessary or not is a debatable one. Dr. Healy, of Boston, considers that their method of placing the children in homes is the better one. The majority of Juvenile Courts do have detention homes, however. In Canada, the detention homes in Vancouver, Ottawa and Winnipeg seem satisfactory; in Edmonton there is none, while in Toronto and Montreal the homes are absolutely inadequate.

11 and 12. *Percentage of cases sent to institutions on probation?* The number of children sent to institutions and the number put on probation correspond very closely in every Court, and also to figures submitted by Courts in the United States. It is easily seen that each Court is striving to readjust the child without sending him or her to an institution.

13. *Extent to which other Social Agencies assist in Juvenile Court work?* In every city except Vancouver other social agencies seem to actively co-operate with the Juvenile Court. In Vancouver they prefer to handle all the cases themselves without assistance.

14. *Physical and mental examination made of each case?* Two of the six Courts answer that there is no physical or mental examination

made of the children. In Montreal, with great difficulty, the Non-Catholic children are examined at the Psychiatric Clinic, Royal Victoria Hospital, but without legal permission. In Winnipeg, Vancouver and Toronto this part of the Court's work seems to be fairly well carried out.

15. *Psychiatrist attached to the Juvenile Court?* To-day the mental condition of juvenile delinquents is considered very important. When we know that from twenty to forty per cent. of juvenile delinquents are mentally deficient, it shows the importance of a psychiatric examination.

Apart from mental deficiency and definite psychoses, it has been shown by Dr. Healy and others that the study of the child's mental make-up is most important in adjusting him to present social conditions. In Canada this fact has not been recognized. Only Toronto and Winnipeg report that a Psychiatrist is attached to the Juvenile Court.

16. *Attitude of community towards the Juvenile Court?* It appears that in all cities questioned, the general community has not yet awakened to the importance of the work done by the Juvenile Court.

MANITOBA'S PROGRESS IN MENTAL HYGIENE

The Canadian National Committee made a mental hygiene survey of Manitoba in the autumn of 1918, and presented a report to the Public Welfare Commission of the Province. Many recommendations were given, and now that three years have elapsed it is interesting to note the developments that have taken place.

Although Manitoba has been hard-pressed financially during the last few years – as indeed have other provinces of the Dominion—nevertheless, more than $2,300,000 has been spent since 1918 on capital account for the insane and feebleminded. When it is remembered that Manitoba has a population of only half a million, and that prior to 1918 she possessed two mental hospitals; accommodating 1200 patients, this added expenditure takes on a greater significance. Before detailing the way in which money has been expended, reference should be made to the fact that great progress has been made in enlarging hospital staffs and in securing individuals of the highest type and training. In 1918 two full-time physicians were in charge of 1200 insane patients at Brandon and Selkirk. Arrangements were made for the part time assistance of two other men. What is the situation to-day? There are no less than ten fully qualified whole-time mental specialists on active duty. Indeed, during the summer months, the number was augmented to twelve. Two social workers are employed for mental hygiene duties in Winnipeg, and in connection with paroled patients from Selkirk. Five trained Occupational Workers serve the Psychopathic Hospital and the Provincial Hospitals at Brandon and Selkirk. A technician is employed at Brandon for laboratory duties—a trained nurse who received instruction in the laboratories of the Psychopathic Hospital at Ann Arbor, Michigan. The latter individual is competent to perform post mortems and to make such delicate tests as the Wasserman, etc. In due course a fully qualified medical pathologist will be added to the staff.

Expenditure of $2,300,000 in three years.

It is of great interest to note the way in which the Government of Manitoba has expended monies on capital account for the insane and feebleminded. One million, four hundred thousand dollars was apportioned to the Brandon Hospital. Of this amount $750,000 was set aside for a fully equipped building for acute cases of mental disease. This modern Psychopathic Hospital will be occupied next year, and promises to be the last word in construction and equipment. In addition to accommodation for one hundred patients, there are ample quarters

for laboratories, occupation rooms, library, staff quarters, etc. A mile from the main building, 20 acres were set aside for a colony for chronic dements. This was done in accordance with a definite recommendation made by the National Committee. One unit, with accommodation for 80 males has been built at a cost of $150,000. The complete plan for the colony calls for four units with accommodation for 250 patients. A nurses' home has been built at a cost of $500,000. This latter hospital unit is believed to be the finest home for nurses in connection with any mental hospital on the continent.

At the Provincial Hospital, Selkirk, a new building for acute cases will be occupied by December next. It has accommodation for 65 patients, and contains occupational quarters for the whole institution. In addition, there are laboratories and living quarters for certain members of the staff. This hospital unit has cost $750,000. Plans are under way for the building of a residence for the Superintendent and a home for nurses.

The report of the National Committee emphasized the need of a training school on the farm colony plan, for feebleminded individuals. The first unit of such an institution has been built at Portage la Prairie at a cost of $150,000. There is accommodation for 50 inmates and attention will be given primarily to low grade defectives, although there will be separate quarters for a limited number of girls of a higher intellectual type, but who have demonstrated marked immoral tendencies. It is planned to build eventually 15 buildings, and units will be added when they can be financed.

In the above statement information has been given concerning the expenditure of $2,300,000 during the last three years for mental hygiene activities. Other enterprises have been undertaken that would run the amount up to a considerably higher figure. In 1918, for example, construction work was commenced on a small Psychopathic Hospital in Winnipeg. This institution cost approximately $75,000 and cares for a changing population of 40 patients. A further expenditure might be noted in connection with the establishment of a Prison Farm. The National Committee recommended the development of such an enterprise. It is now in actual operation and has proven to be successful. There is accommodation for over 30 prisoners in a district where land is being cleared for agricultural purposes. The prisoners themselves are erecting the necessary buildings.

SUMMARY STATEMENT OF MENTAL HYGIENE PROGRESS IN MANITOBA DURING LAST THREE YEARS

1. *Organization of Psychopathic Hospital at Winnipeg*

Cost: $75,000. Accommodation: 40 patients. During the first year there were 400 admissions, with an average length of hospital residence of 31 days. Less than 10% of the cases were committed. Over 90% came voluntarily. During the first year 62% of all admissions were returned to the general community, although for the most part patients had suffered from the more severe forms of mental disease. The cost per diem per patient was $4.70.

The Psychopathic Hospital has proven a great boon to Manitoba. There is little reticence on the part of relatives and friends to send patients for treatment, and the institution virtually acts as a clearing house for all mental cases of the Province. It is utilized as an instruction centre for medical students attending the University of Manitoba. Students have clinics twice a week.

It is interesting to note that pupil nurses from the General Hospital secure two months training in the psychopathic division. This is a point of great importance because we have in operation in Winnipeg a system that has been advocated for many years in Canada, but never previously put into practice. A nurse's training in a General Hospital does not fit her for the nursing of mental patients, and therefore the value of the Winnipeg plan.

Attached to the Psychopathic Hospital are two social workers. They have proven themselves invaluable in securing definite information concerning the previous history of each case admitted, and providing follow-up supervision to those who are returned to the community. There is an occupational officer who has done such splendid work that she will be elevated to the position of Supervisor of Occupational Therapy for the Province.

2. *Co-operation with Courts, Schools, etc.*

Dr. A. T. Mathers, Director of the Psychopathic Hospital, places his services at the disposal of courts, schools and social agencies. Numerous cases are referred from the juvenile and adult courts. In other provinces, juvenile court cases are seen by psychiatrists, but Manitoba seems to be leading the way in connection with adult court cases. An arrangement is now being made for the organization of an itinerant mental clinic to visit the fifteen school inspectoral divisions twice a year. The clinic staff will include a physician, social worker, and clerk. Again Manitoba is demonstrating leadership because it is the first province to have a travelling mental clinic performing school work a clinic sustained by the Government.

3. *Training School Provision for the Feeble-minded*

As previously stated, the first unit of a fifteen building organization has been constructed at Portage la Prairie at a cost of $150,000, with accommodation for 50 inmates.

4. *Improvements at the Provincial Hospital, Brandon*

(a) Appointment of a well-trained alert Superintendent in the person of Dr. Baragar.

(b) Appointment of three Assistant Physicians. (Five full time men during the summer months.)

(c) Appointment of two occupational workers (formerly S.C.R. Aides).

(d) Appointment of Laboratory Specialist.

(e) Construction of building for acute cases, costing $750,000.

(f) Organization of one unit of a colony for chronic dements at the cost of $150,000 with plans for three more units.

(g) Building of Nurses' Home at a cost of $500,000.

(h) Regular staff meetings in connection with all new cases.

5. *Improvements at the Provincial Hospital, Selkirk.*

(a) Appointment of a capable superintendent—Dr. Barnes, formerly of Homewood Sanitarium, Guelph, Ontario.

(b) Appointment of three full time Medical Assistants. It is interesting to note that Selkirk is served with four full time physicians, although the patient population numbers 400.

(c) Appointment of two Occupational Workers. The products of the occupational shops are bought by the T. Eaton Company, Winnipeg.

(d) Organization of building for acute cases at cost of $750,000, with quarters for occupational therapy, laboratories, etc.

(e) Arrangements for the erection of a Nurses' Home and a residence for the Superintendent.

(f) Regular staff meetings in connection with all new cases.

6. *Appointment of Medical Director of the Mental Hospitals of Manitoba*

Dr. A. T. Mathers, after a training in Psychiatry received in various medical centres of the continent, was given the post of Medical Director of Mental Hospitals. No doubt much of the progress that has been made has been due to his conception of the needs of Manitoba and to his vigorous and convincing personality in his dealings with the Government. There is no question that a man of mediocre ability in the position which Dr. Mathers occupies would have failed to foster the progress that has been accomplished.

Conclusion

Developments that have been related above with regard to mental hygiene activities in Manitoba should be of profound interest to the members and supporters of the Canadian National Committee for Mental Hygiene. When the latter society undertook a survey of Manitoba, conditions were depressing. The making of the survey, however, proved to be the turning point in this western province, and we now have the spectacle of what might be described as unprecedented progress. Manitoba has resolutely decided to deal with the mentally handicapped along the most approved lines, and in a short space of time has spent approximately two and a half million dollars on capital account. It is the opinion of the Executive Officers of the National Committee that future history will reveal the wisdom of the steps that have been taken, and that it will be demonstrated as time goes on that the present expenditures were justified. At any rate, Manitoba is conducting a great humanitarian and health experiment, and results will be watched with the keenest interest.

BOOK REVIEWS

THE MORPHOLOGICAL ASPECT OF INTELLIGENCE. By Sante Naccarati, M.D., D.Sc., Ph.D., New York, Columbia University. Contributions to Philosophy and Psychology, 1921.

This little book of less than fifty pages devotes itself very seriously to the question as to whether there is a definite correlation between bodily and mental traits.

In the opening chapter the author points out very clearly the absurdity of the manner in which some investigators have endeavored to correlate height and intelligence. He shows plainly that intellectual traits vary in much greater proportions than do those of a bodily nature. Further, he demonstrates that such correlations cannot be formed with one physical property only, such as height, weight or cephalic index. The correlative must be complex because intelligence itself is complex.

Chapter two contains a brief but very enlightening description of the method employed by Viola in formulating his "law of deformation of the ethnic type," and the measurements which he used in determining the proportional value of the limbs and the trunk.

The author then explains his "morphological index" as being the ratio of length of the limbs to the value of the trunk. By this means he can include Viola's microsplanchics and macrosplanchics under both tall and short subjects.

He next indicates that intelligent subjects are more likely to be found amongst microsplanchics, basing his decision on these three physiological facts:—

1. The relative independence existing in the growth of the two great systems, differentiated by Bichat, namely the nutritional or vegetative system, in which energy is stored up, and the animal system (mainly organs of locomotion) by which energy is transformed and utilized or wasted.

2. The physical hyperevolution of the microsplanchic type.

3. The correspondence of microsplanchics to the hyperthyroid types, assisting therefore in quicker solutions of problems, as being less fitted for sustained mechanical labour.

These facts he supports with very conclusive arguments, especially by showing that the morphologic type is the outcome of heredity and environment. By his method also the error due to bone and muscle influence is eliminated.

Naccarati does not insist that this morphological index provides a definite standard of intelligence nor that extreme microsplanchic cases

must be the most intelligent. These may border on pathological conditions and such are not included in his calculations. He adds that the best age for the calculation of the morphological index is about twenty-five, because, at younger or older periods, accidents of life such as disease, diet, marriage, employment, etc., tend to produce unnatural conditions. Finally he adds a warning against grouping individuals of various races under the index.

The remainder of the book is devoted to a number of tables which show that a higher positive correlation "is found when, instead of the ratio of height to weight, the morphological index is taken as the expression of the type of intelligence."

R. LeM.

HARVEY HUMPHREY BAKER, UPBUILDER OF THE JUVENILE COURT, BOSTON. The Judge Baker Foundation, 1920. 133 pages.

This book will be of especial interest to all persons who are engaged in Juvenile Court Work. It gives in a clear and concise manner the aims, ideals and methods of Judge Baker in his dealings with the juvenile delinquent. An analysis of the statistics of the Court for the first five years of its existence is of great value. An account of the actual work of the Judge Baker Foundation, by Dr. Healy, will be read with great interest by everyone who has followed the history of Juvenile Courts since their inception.

FOUNDATIONS OF PSYCHIATRY. By William A. White, M.D. New York and Washington. Nervous and Mental Disease Publishing Company, 1921. 136 pages. Introduction by Stewart Paton, M.D.

The latest monograph by Dr. White deals with the following subjects: The Unity of the Organism: The Biological Point of View—Integration — Structuralization — Individuation — The Dynamics of the Organism: The Canon of Physiology (The Conflict) —Ambivalency; The Stratification of the Organism: The Physiological, the Psychological, and the Sociological Level; The Region of Psychopathology; The Nature of the Neuroses and the Psychoses; Therapeutics: Action — Objectification — Transference — Resymbolization; The Social Problem: Elevation — Rationalization — Sublimation — The Socialization of Strivings.

Dr. White's plan is to impress upon the medical and the lay reader the importance of the psycho-biologic view in order that the essential

foundations of psychiatry may be grasped. The ordinary medical student's knowledge of psychology makes him consider the mind as being composed of so many separate processes or faculties—will, memory, attention, etc. Dr. White attempts to correct and change this viewpoint. He wishes the reader to study the mind as a feeling, knowing organism. He points out that all the activities of the mind cannot be added up to gain a proper conception of the body as a whole because new and unpredictable functions come into being in the successive evolutional levels of development. His order of study would be first, the integrated, synthesized organism, and afterwards the analytical and component parts.

This monograph can be thoroughly recommended to all who feel that the old method of teaching psychiatry is not built on the right foundation.

GENERAL PATHOLOGY. By Horst Oertel. Cloth, $5.00. Pp. 357. New York: Paul B. Hoeber, 1921.

The author has had in mind three objects: to approach the subject in the light of modern biology and to treat pathological processes as expressions of physico-chemical laws, to relate facts and present-day conceptions in their historic setting, and to visualize pathological changes as far as that is possible. To this end particular stress has been placed on the anatomical, histological and chemical alterations of the cell as the unit of processes of disease.

The first part of the book treats of pathogenic micro-organisms, the diseases they cause and the principles of immunity. Physical and chemical agents producing disease are next taken up and there is a separate section on disposition and heredity in which these topics are fully discussed.

The second part of the book deals with pathologic changes. The individual cells show such changes as atrophy and regeneration. Changes in the local relations of cells cause inflammation and tumors, while changes in the wider inter-relations of cells are illustrated by such generalized phenomena as oedema, shock and fever. The section concludes with a description of the pathologic changes in general somatic death.

Principles have been emphasized throughout. The style is concise and clear and the work will be of value both to university students and practitioners.

AN OUTLINE OF ABNORMAL PSYCHIATRY. By James Winfred Bridges, Assistant Professor of Psychology, University of Toronto. 8vo. cloth. Pp. 226. R. G. Adams & Co., Columbus, Ohio, 1921. Second edition. Revised.

This little work is a distinct addition to psychiatric and psychological libraries, and will be of great practical value to the student who wishes to learn of the many theories held regarding the development of certain mental phenomena, and the facts regarding psychological manifestations in mental diseases.

Prof. Bridges has wisely abstained from comment on the various theories advanced by the different schools of thought and has not rushed in where angels fear to tread, thus proving that he is himself a psychologist of no mean order. In other words, the author has prepared a bibliography that should appeal to the rapidly increasing numbers of students in Medicine, Philosophy, and Psychology, and while it may be urged that some sections, such as those on Epilepsy and Neuroses in general are fragmentary, and by no means cover the whole ground, at the same time he was wise in leaving these boiling pots of controversy pretty well alone. Now that psychology has been willing to admit the place of psychiatry in the sun, and has emancipated itself from many of the swaddling cloths of philosophy, physics and speculation, the outlook is hopeful, as it is certain that the study of the abnormal will help enormously in the advancement of a true knowledge of mental manifestations. It is significant that modern medical courses in psychiatry give psychology an important place. To students in such courses the Outline of Abnormal Psychology will be of particular value.

C. K. C.

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THE GRADING AND PROMOTION OF PUPILS

CHARLES B. WILLIS, PRINCIPAL OF THE ALEXANDER TAYLOR SCHOOL, EDMONTON.

Much attention has been paid to the problem of the grading and promotion of pupils during the last few years, and rightly since it is intimately connected with questions of school costs, medical treatment, curricula, school plant, etc. "Laggards in Our Schools" by Ayres and the many comments in school surveys on age-grade tables have shown us one side of the problem. Little has been done, however, regarding the correction and, more important still, prevention of this problem.

This problem and its solution is essentially a recognition of individual differences and provision for them, with the necessity of class teaching being taken into account. The many measurements made of performance and intelligence by Courtis, Terman, and a host of others all tend to point out the great range and variety of such differences. The tendency in the past has been to consider differences in class work and in progress made through the grades as due largely to differences in health, attendance, etc., rather than to differences in natural ability.

At present educators are satisfied that the great range in progress made by different children is due largely to differences in ability, and especial importance must be attached to this difference since it is the factor which is least easily changed, in fact practically does not change at all. If a child is lacking in application to study, it is usually possible for the teacher to secure better effort, and even "school attitude,"—which has been shown by Pressey, writing in the Elementary School Journal, to be very important,—may be changed, but native intelligence seems to be the one thing which the teacher cannot influence or improve. At the same

time, it must be borne in mind, that very few people make use of their maximum of ability and hence nearly all of us may hope to surpass by far anything we have done so far if we will only make use of what nature has given us.

In passing, it might be said that school progress does correlate much more highly with mental age than is indicated by Pressey's results. He worked with only one grade, Grade VII. The differences in mental level were slight compared with the whole range of differences possible, but no doubt practically the whole range of differences in school attitude were present. Naturally differences in scholarship found were caused more by the great differences in school attitude than by the comparatively slight differences in mental level. His experiment shows that differences in class work within a grade, where differences in mental level are comparatively small, are due, to a very considerable extent, to differences in school attitude.

An account of what has been done in one school system might give a better idea of the possibilities of mental measurement follow-up work. The Alexander Taylor school has about 550 pupils in seventeen rooms, Grades I-VIII, and three other small schools, containing in all nine rooms, send nearly all of their pupils to Alexander Taylor at the end of Grade V It is compulsory to attend school until the age of fifteen years. The course of study and the grading is very much like that of some of the Eastern states. About a third of the pupils are foreign—Hebrew, Russian, German and Austrian, mainly. The school year consists of 190 to 195 days.

During the last four years the intelligence of nearly all of the children in the school has been measured. The average I. Q. is about one hundred for the English-speaking, non-foreign part of the school, though most of the schools of the city must exceed this level considerably. As in practically every school on the continent, many of the pupils of average intelligence had, through irregular attendance, sickness, careless grading, poor teaching, etc., lost a year; many others who were bright had not reaped any advantage in the way of extra promotions from ability and so had in many cases grown lazy and indifferent, so much so in fact, that they were very often not recognized as bright by their teachers; finally, some who were slow had been carried along to grades where they were not capable of doing the work. The following table of mental age and grade shows the condition that existed September 1, 1920, after the promotion, etc., of those who were present at the end of June. Only the English-speaking children of English descent are taken in in this table.

Mental Age	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Total
4	2									2
5	5	1	1							7
6	4	7	2							13
7	3	19	9							31
8		12	21	8	1					42
9		2	4	19	4	2				31
10			2	8	20	6	4			40
11				1	7	14	14	6		42
12					1	11	18	4	2	36
13						2	11	17	7	37
14							5	15	8	28
15							1	6	8	15
16								3	6	9
17								1		1
Total	14	41	39	36	33	35	53	52	31	334

This gives a correlation between mental level and grade of .92, a much higher figure than Pressey got. If the fact that all in one grade were not equally far advanced were taken into account, this figure would no doubt be slightly changed and would probably be somewhat higher.

The follow-up work based on the condition found here consists of: (1) extra promotions for some pupils; (2) retardation or demotion of others; (3)proper placing of new pupils; (4) especial care taken to make sure that, as pupils enter Grade I, and come up through the grades, the condition at present existing will not be repeated.

Many pupils, who were below the grade their mental age would appear to warrant were given extra promotions either by being left only a half-year in each of two successive grades or by being promoted from, for example, Grade VI in June to Grade VIII in September. During the school year 1919-20, seventy-three pupils in the Alexander Taylor school received extra promotions. Only one of these pupils failed of promotion at the end of June, 1920. From September 1, 1920, to March 1, 1921, about eighty-five pupils have been given extra promotions on the basis of intelligence, class work, etc. Of these all but three or four are doing satisfactory work.

Pupils who come in from other schools are placed by taking account of their former standing and their mental level. Some are moved up a grade, others down a grade and still others saved from demotion when they do not appear to be doing satisfactory work but the mental test

shows the probability of their soon doing so. A mental level of about 12 years 9 months to 14 years 3 months is considered about right for Grade VIII at the beginning of the school year, September 1; 11 years 9 months to 13 years 3 months for Grade VII etc. Since the test was first used it has been the important or deciding factor in about 110 extra promotions and has been a means of saving about 100 children from demotion or non-promotion. Few mistakes, in fact practically none, have been made by promoting too rapidly but doubtless many have been made by our being too cautious.

The over-age in the school has been cut down from 42% to 29%, counting as overage all pupils who are more than 7 years 3 months of age when they begin Grade I or more than 14 years 3 months when they begin Grade VIII, etc. In other words, the average time required to complete eight grades has been cut down by slightly over one year. Very careful standard tests show that the work of the school has improved about 7% at the same time as the grading, and, in addition to this, the classes are more closely grouped around the median scores. The scores made are for Grade VI about the same as or somewhat better than the standards set by Courtis and others for Grade VII, etc. On a test in arithmetic given last spring by the provincial inspector, one of the Grade VIII classes in the Alexander Taylor school scored the highest of any Grade VIII in the city and the other Grade VIII in the school was very little lower. Definite, pointed supervision, applied as follow-up work after standard tests have revealed class weaknesses, has more than balanced the effect of rapid promotion on class attainment.

It must be kept in mind, however, that energy, persistence, regularity of attendance, class work, health, school attitude, etc., are important factors to be considered in grading. Intelligence is probably as important as all the other factors combined, and, since it is practically beyond the influence or control of the teacher and changes relatively little, is more basic. The teacher may overcome defective application on the part of the pupil but can scarcely overcome the handicap of defective mentality. If a pupil is not doing well in class, the reason should be found and proper remedies applied. If poor work is due to a lack of ability and the pupil is really doing as well as he can, he is encouraged and made to feel that he is coming on all right, but if he is found to be bright and lazy, steps are taken to bring about a change. Often the simple statement that he is not doing well, though he is bright and capable of good work and must do better, is sufficient to produce considerable improvement. It is well to remember that few pupils attain at all nearly to the success their mentality would warrant. This, no doubt, accounts for the occasional case where a pupil

of average ability does excellent work or a pupil of poor ability does average work.

At present the following are being used as guide lines to aid, not as rules to be slavishly followed. Pupils who have completed Grade VI in June may be promoted to Grade VIII in September: (1) if mental age, September 1, is 14 years 3 months or above and they are in the upper 69% of the class in the June tests; (2) if mental age is 13 years 9 months to 14 years 2 months and they are in the upper 31% of the class: (3) if mental age is 13 years 3 months to 13 years 8 months and they are in the upper 7% of the class.

Grades III, IV, and V are treated similarly except that in Grade VI 12 years 3 months is substituted for 12 years 3 months in Grade VIII, etc., and the six month interval used for Grade VI is cut to 5 months for Grade IV and to 4 months for Grade III. (Common sense is needed in applying these standards. Common sense here has the usual meaning, uncommon sense.)

The following regression equation has been developed to indicate the probable marks in Grade VIII of a pupil who is skipped from Grade VI: $M = .2025X + 2.5276Y + 2.2686Z - 9$, where M is the Grade VIII marks, X is the Grade VI marks, Y the I. Q., and Z the spelling marks in Grade VI. For an explanation of the method of developing this, any good work on educational statistics may be consulted. It is, of course, not useful except in the system where it has been developed but if a number of cases are taken, a similar equation may be developed for any system.

The brighter pupils who enter Grade I in February complete Grade I and Grade II in one and one-half years; the duller ones are given a good grounding by putting one and one-half years in Grade I.

Skipping grades is, however, at best only a makeshift. The grading, from the time pupils enter school, should be handled so that pupils do not get behind the grade they should be in. To obtain all the advantages and none of the disadvantages of skipping grades, school systems with large schools should provide an eight-year course of study for pupils of I. Q. about 93-107, the average pupils; a nine year course, with less academic and more manual work, for pupils of I. Q. about 78-92; and a seven-year course, somewhat enriched, for pupils of about I. Q. 108-122. Pupils above 122 I. Q. and below 78 I. Q. might well be given special ungraded classes. It seems obvious that a child who will require nine years in public school would be better to take one-ninth of the course per year, than to fail once, take one year's work twice, and cover the other year's work at too rapid a rate for his understanding. Pupils should not of course enter Grade I until their mental level is at least 6 years zero months, regardless of their actual age.

The feebleminded are an entirely separate problem to the one which is being discussed. They require special attention in ungraded classes, where they are taught mainly along manual lines. At the age of puberty many of them will require to be segregated.

The pupils in a school system should be measured by means of the National Research Group Intelligence tests, published by the World Book Company, Yonkers, New York, as early in September as possible if they have not been tested before. This, together with supervision by means of standard tests, should be the chief function of the superintendent in small cities; in large cities, a special director of measurements and supervision should take care of this work.

Pupils could then be given extra promotions, etc., on the basis outlined above or, if the seven, eight, and nine year course of study were in effect, could be placed in the one of these that would, without skipping or failure, allow them to finish Grade VIII at the mental age of 14 years zero months to 15 years zero months. In extreme cases, some skipping or failure might be needed. Careful grading gives more and better education at less cost.

About 5% to 10% of any average class should be held back. There is a conflict in high-school work between the high standards necessarily required for entrance to professional schools, such as medicine, law, etc. and the lower standards that are necessary if the high school is to give education to the majority of the children, not deny it to them as at present. The standard for entrance to the professional schools might be raised above what it is at present to bar out inferior people. A mental test should also be given and a fairly high standard required. A lower standard or easier courses might be made use of for pupils who simply wished to benefit by a high school education. Schools should be made to fit the pupils, not pupils expected to fit the schools.

On account of the small number of pupils and the lack of money and clerical assistance, little work of value can be done in a single school and the experimental work that is done does not give very reliable results. A city with ten or twenty large schools offers a very rich field for work of this nature. The work of grading and supervision is almost totally ineffective without such a scientific basis. In this short account, many things have been passed over rapidly and all and sundry are warned not to interpret and extend these ideas in their own way and then blame the writer if their own mode of handling is unsatisfactory.

THE OUT-PATIENT PSYCHIATRIC CLINIC

BY GORDON S. MUNDIE, B.A., M.D., MONTREAL.

The out-patient psychiatric clinic, Royal Victoria Hospital, was organized in March, 1919, under the auspices of the Canadian National Committee for Mental Hygiene, and since its organization all the expenses in connection with it, including two social workers and stenographic assistance, has been borne by the Committee. Before the clinic came into existence, a limited amount of psychiatric examination of patients had been done in the neurological out-door clinic under the direction of Dr. C. K. Russel. When the psychiatric clinic was opened, the four physicians attached to the neurological clinic, who have all had psychiatric training, with Dr. Tait, Professor of Psychology, undertook the duties of the new clinic.

The clinic at first was considered by practically every social organization and physician simply as a clinic for feeblemindedness. Gradually, however, this impression is disappearing and the clinic is being asked to help solve every form of social problem. The Family Welfare Association, The Women's Directory, who look after the unmarried mother, The Children's Bureau, The Catholic Social Service Guild, The Juvenile Court and The Federation of Jewish Philanthropies are referring more patients to the clinic every month. Physicians, parents and relatives are all appreciating the value of the clinic more and more.

TABLE I—NEW PATIENTS

	Male	Female
Adults	51	145
Adolescents	153	125
Children	141	76
Infants	8	2
	353	348
Total number of new patients		701

Table I shows the number of patients as represented by male and female adults, adolescents, children and infants. The number of males exceeds that of females by five. In most clinics the females predominate and the reason the order is reversed in our clinic is because most of the cases referred from the Juvenile Court were male delinquents. The female adults greatly exceed the number of male adults on account of the women referred by the Women's Directory and other Social Agencies. It is also much easier to persuade a woman than a man to attend a nervous or mental clinic. The preponderance of male children over female children is explained by the fact that there are more boys than girls who

need to be referred by the Juvenile Court, and also that in institutions for children the boys are usually more of a problem than the girls.

TABLE II

	M. Adult	F. Adult	M. Adol.	F. Adol.	M. Child	F. Child	M. Infant	F. Infant	Total
Juvenile Court			87	27	37	5			156
Schools and institutions			4	2	10	1			17
Physicians and other hospitals	18	31	18	11	16	17	1	2	114
Social agencies	20	58	25	43	48	35	5		234
Canadian Patriotic Fund	2	9	7	3	12	8			41
Women's Directory		28		14	2				44
Girls' Cottage Industrial School				17					17
Other Clinics in Royal Victoria Hospital	7	14	9	6	12	5	1		54
Own or relative's initiative	4	5	3	2	4	5	1		24
	51	145	153	125	141	76	8	2	701

Table II give us the sources from which the clinic derives its patients. The largest number of patients were referred by social agencies. This is natural because it is these agencies who are faced by apparently insurmountable problems and before the organization of the psychiatric clinic no importance had been paid to the mental side of their patients' problems. Now that these agencies realize the importance of finding out the mental make-up of each patient, they are referring cases to the clinic almost as a routine measure.

The Juvenile Court referred the next largest number of cases. In this regard it is well to note that there is no regular mental and physical examination of each boy and girl brought before the Court. The cases referred to the clinic only represent most of the Non-Catholic cases and they were practically all English-speaking. A systematic examination of the Catholic and French-speaking cases is not made. The reason of this fact is because there is no legal provision made for the examination of the boys and girls. The Protestant and Jewish probation officers, however, have arranged with the Judge of the Court, who sees the importance of such an examination, to have all their cases examined at the clinic.

Physicians and other hospitals referred 114 cases to the clinic. As this clinic is the only psychiatric clinic in the city of Montreal, physicians are gradually referring their problem cases to us for solution. Mainly through the social service departments of the hospitals, patients are being sent to the clinic for a psychiatric examination.

The Women's Directory, who handle the problem of the unmarried mother, and the Girls' Cottage Industrial School, who look after the delinquent girl, refer all their cases, as far as possible, as a routine measure.

The Canadian Patriotic Fund look after families of the returned soldier and, as is to be expected, the problem of mental abnormality in such cases is very important.

Schools and institutions only referred 17 cases. This small number is accounted for by the fact that the schools and institutions have been surveyed, outside of the clinic, by different members of the clinic.

TABLE III—PROBLEM PRESENTED

	M. Adult	F. Adult	M. Adol.	F. Adol.	M. Child	F. Child	M. Inf.	F. Inf.	Total
Mental condition of:									
1 Returned soldier	1								1
2 Adult offender		5		1					6
3 Juvenile delinquent			95	45	38	7			185
4 Sex offender		11		11	1	1			24
1. Unmarried mother		32		14					46
5 Suspected insane person	20	50	7	8		1			86
6 Suspected feeble-minded person	6	16	34	36	80	53	7	2	234
7 Nervous child					1				1
8 Unemployed person	13	8	8	7					36
9 Alcoholic	1	4							5
10 Epileptic person	3	1	5	1	8	3			21
11 Child to be placed out or adopted				1	4	3			8
Question of epilepsy	3	1	2	1	3	7	1		18
Physical condition	2	4	1		1				8
Question of psychoneuroses	2	12	1		5	1			21
After care: Patients discharged from Verdun Mental Hospital		1							1
	51	145	153	125	141	76	8	2	701

As has been stated before, the clinic when first organized was conorganized was considered more a centre for diagnosing feeblemindedness than one to study the different manifestations of mental disturbance. It is natural, therefore, to find that the greatest problem which the clinic so far has had to deal with is the mental condition of suspected feebleminded persons. These patients constitute 234 out of the total 701, or 36.23 per cent.

The second most important problem was the one of the juvenile delinquent. There were 185 cases, or 26.39 per cent. of this type referred to the clinic. These cases came largely from the Juvenile Court and the Girls' Cottage Industrial School.

Eighty-six, or 12.26 per cent, of the patients were suspected to be insane, while 21, or 2.99 per cent, were thought to be suffering from some form of mental or nervous disorder which would classify them under the term psychoneuroses.

There were 46 cases of illegitimacy. If the Women's Directory had not been handicapped by lack of workers who could have brought the girls for examination, the number of unmarried mothers would probably have been doubled. In this group there were, besides, 24 patients classified as sex offenders.

The number of unemployed persons referred by the different organizations to the clinic was 36. The problem of this type of persons, until the psychiatric clinic was organized, was not considered by the charitable organizations to have any mental basis. Now, however, that a number of these persons have been proved to be suffering from some form of mental abnormality, more cases are being referred to the clinic.

All patients suffering from epilepsy are treated in the neurological clinic and this clinic in turn refers them to the psychiatric clinic to determine if they show signs of any psychosis or mental deficiency. Some patients were referred direct to the psychiatric clinic to determine if they had epilepsy. If they had, they were always sent to the neurological clinic for treatment, unless they revealed a psychiatric problem. Altogether, 39 patients with epilepsy were examined.

TABLE IV—NATIONALITY

	M. Adult	F. Adult	M. Adol.	F. Adol.	M. Child	F. Child	M. Inf.	F. Inf.	Total
Canadian	9	28	37	39	30	21	1	1	166
English	10	50	29	35	14	5			143
English-Canadian	3	1	12	7	17	10	2	1	53
Scotch	1	13	2	4	1				21
Scotch-Canadian			5		5	2			12
Irish	1	9	1	3	1				15
Irish-Canadian	1	1	1	2	5	1			11
French			1						1
French-Canadian	6	12	5	5	10	10	2		50
Jewish	11	17	48	24	45	15	2		162
American	1	5		1	1	1			9
Newfoundlander	2	4	1	3	2	3			15
Italian	3	1	1		1	2	1		9
Belgian		1							1
Russian		1	2		2	2			7
German			1						1
Austrian	1	1			1	1			4
Austrian-Canadian					1				1
Syrian		1	1	1	2	2			7
Polish						1			1
Rumanian	1		3	1					5
Italian-Canadian			2						2
Greek					2				2
Negro	1		1						2
Spanish-American					1				1
	51	145	153	125	141	76	8	2	701

The figures on the nationality of the patients are very interesting. One hundred and sixty-six, or 23.67 per cent, were found to be Canadians. Of the remainder, 247, or 35.23 per cent, were of foreign birth, and 162, or 23.10 per cent, were of Jewish birth. Practically all of the Jewish patients could be classified as being of foreign birth, so that more than 50 per cent of the patients had been admitted to this country as being of sound mind and body. In the last few years medical inspection by immigration officials at the ports of entrance has been greatly improved, but these figures show that, although we may need more population in Canada, we cannot be too careful in debarring those persons who are mentally unfit and who will eventually become a public charge.

The large number of Jews attending the clinic is accounted for by the fact that they seek advice more readily and earlier for any nervous or mental trouble, and also the Jewish chartiable organizations are organized into one federation which enables them to co-operate more readily in solving their different problems.

TABLE V—JUVENILE COURT

Male adolescents	87
Female adolescents	27
Male children	37
Female children	5
	156

DIAGNOSIS

Dementia praecox:
a. Simple, 1.
Psychoneuroses:
a. Hysterical, 1.
Not insane:
Mental deficiency, 76.
Normal, 41.
Retarded, 28.
Deferred, 2.
Not diagnosed, 1.
Constitutional psycho. infer., 2.
Epileptic, 2.
Sex delinquent, 2.

DISPOSITION

Com. to inst. for F.M. rec., 10.
Com. to boys' inst. rec., 22.
Com. to girls' inst. rec., 10.
Com. to boys' home rec., 3.
Special class rec., 4.
Other hospital care rec., 10.
No treatment, 1.
Probation rec., 96.

There were 156 persons from the Juvenile Court examined. This number represents only the Non-Catholic boys and girls. There is no legal arrangement by which every boy and girl brought before the court is given a medical and mental examination. By special permission of the Judge, the Jewish and Protestant probation officers have their cases examined at the clinic.

Seventy-six, or 48.71 per cent of the cases were found to be mentally deficient: 28 were retarded mentally and 41 were normal. Only 10 of the mentally deficient children were recommended to be sent to an institution for the feebleminded. This recommendation was merely a matter of form because the Province of Quebec has not as yet an institution for the feebleminded, except for low grade types.

Twenty-two boys were recommended to be sent to the Boys' Farm & Training School, Shawbridge. This institution, which is supported mainly by private funds, is one of the finest institutions for boys on this con-

tinent. It is unfortunate that the Provincial Government does not give it more liberal support. At present the Government only contributes $200.00 a year for every boy committed by the Juvenile Court.

Ten girls were recommended for the Girls' Cottage & Industrial School. This institution again has not received the government support it deserves. It has only been recently that the Government has recognized it at all, and even under the contract recently signed, the School only receives $120.00 a year for every girl committed by the Juvenile Court.

TABLE VI—SCHOOLS AND INSTITUTIONS

Male adolescents	4
Female adolescents	2
Male children	10
Female children	1
	17

DIAGNOSIS

Not insane:
Mental deficiency, 9.
Normal, 3.
Deferred, 4.
Mental deficiency with cretinism, 1.

DISPOSITION

Con. to inst. for F.M. rec., 2.
Special class rec., 6.
Report and advice given to schools and insts., 5.
No treatment, 4.

Very few patients have been referred by the schools and institutions because practically all this work has been done in special surveys. As a result of these surveys, the Protestant Board of School Commissioners organized a Special Class for the education of mentally backward children. It is expected that this class will lead to the establishment of many other special classes in the Protestant public schools. In the examination of these cases, however, the large problem of feeblemindedness is again apparent.

TABLE VII—PHYSICIANS AND OTHER HOSPITALS

Male adults	18
Female adults	31
Male adolescents	18
Female adolescents	11
Male children	16
Female children	17
Male infants	1
Female infants	2
	114

DIAGNOSIS

Senile psychoses:
    a. Simple deterioration, 1.
Psychoneuroses:
    a. Hysterical, 1.
    b. Psychacthenic, 2.
    c. Neurasthenic, 2.
Undiagnosed psychoses, 1.
Paranoia, 1.
Dementia praecox:
    a. Simple, 8.
    b. Catatonic, 2.
Manic depressive psychoses, 3.
Alcoholic psychoses:
    a. Alcoholic deterioration, 1.
Psychoses with mental deficiency, 1.
Psychoses with other somatic diseases:
    a. Toxic psychoses, 1.
Not insane:
    Mental deficiency, 44.
    Epilepsy, 9.
    Constitutional psycho, infer., 2.
    Normal, 9.
    Retarded, 4.
    Cerebral hemorrhage, 1.
    Cerebral diplegia, 1.
    Chorea, 1.
    Sex delinquent, 1.
    Speech defect, 1.
    Alcoholism, 1.
    Not diagnosed, 4.
    Mutism, 2.
    Deferred, 8.
    Epilepsy with mental deficiency, 2.

DISPOSITION

Com. to inst. for F.M. rec., 13.
Com. to mental hospital rec., 12.
Other hospital care rec., 4.
O.P.D. care rec., 19.
Report and advice given to S.A., 47.
Deportation rec., 3.
Com. to boys' inst. rec., 1.
Com. to girls' inst. rec., 1.
No treatment, 11.
Special class rec., 3.

The response by physicians and other hospitals in the city to a clinic which is generally thought to deal with unsolvable problems has been very gratifying. Altogether 114 patients from this source were examined. Female adults contributed the largest number of 31 cases. There were 33 children and 29 adolescents.

From this source a large number were diagnosed as mentally deficient, but the number of psychoses become more evident. Altogether, there were 24 cases of psychoses or psychoneuroses. There were 10 cases of dementia praecox and 3 cases of manic-depressive psychoses.

TABLE VIII—SOCIAL AGENCIES

Male adults	20
Female adults	58
Male adolescents	25
Female adolescents	43
Male children	48
Female children	35
Male infants	5
Female infants	0
	234

DIAGNOSIS

Dementia praecox:
- a. Simple, 1.

Paranoia, 7.
Senile psychoses:
- a. Simple deterioration, 1.

Psychoneuroses:
- a. Hysterical, 5.
- b. Psychasthenic, 2.
- c. Neurasthenic, 1.
- d. Unclassified, 2.

Involutional melancholia, 2.
Manic depressive psychoses, 3.
Psychoses plus constitutional psycho. infer., 1
Psychoses with mental deficiency, 2.
Psychoses with other somatic disorders:
- b. Post-infectious psychoses, 1.
- c. Exhaustion psychoses, 1.

Psychoses with cerebral syphilis, 1.
Not insane:
- Mental deficiency, 112.
- Epilepsy, 5.
- Constitutional psycho. infer., 7.
- Normal, 35.
- Retarded, 14.
- Delinquent, 3.
- Laryngitis, 1.
- Deferred, 6.
- Mutism, 2.
- Myatonia congenita, 1.
- Not diagnosed, 12.
- Menopause, 1.
- Speech defect, 1.
- Mental deficiency plus cretinism, 1.
- Mental deficiency plus epilepsy, 1.
- Sex delinquent, 1.
- Hetar disease, 1.

DISPOSITION

Com. to inst. for F.M. rec., 27.
Com. to mental hospital rec., 11.
Other hospital care rec., 10.
O.P.D. care rec., 21.
Report and advice to S.A., 127.
Deportation rec., 9.
Com. to boys' inst. rec., 3.
Com. to girls' inst. rec., 2.
Special class rec., 7.
Com. to Deaf and Dumb inst. rec., 1.
No treatment, 16.

As is to be expected, the various social agencies of Montreal referred the largest number of patients to the clinic. Altogether, 234 cases out of 701 were sent by these organizations who represent all the different charitable activities of the city. Female adults comprised the largest number of patients, followed by male children and female adolescents. A large number of children are referred to the clinic by the Social Service Departments of the Children's Memorial and Western Hospitals.

At first the various social agencies were very skeptical as to the value of the psychiatric clinic in solving their problems, but now practically all of them insist upon each problem case being examined at the clinic.

TABLE IX—CANADIAN PATRIOTIC FUND

Male adults	2
Female adults	9
Male adolescents	7
Female adolescents	3
Male children	12
Female children	8
	41

DIAGNOSIS

Psychoneuroses:
a. Hysterical, 4.
Dementia praecox:
a. Simple, 1.
Psychoses with mental deficiency, 1.
Not insane:
Mental deficiency, 16.
Normal, 7.
Retarded, 6.
Deferred, 5.
Sex delinquent, 1.

DISPOSITION

Com. to inst. for F.M. rec., 4.
Other hospital care rec., 6.
O.P.D. care rec., 6.
Report and advice given S.A., 18.
Com. to boys' inst. rec., 2.
Special class rec., 1.
No treatment, 4.

The Canadian Patriotic Fund was organized during the war to look after the families of men who had enlisted. Although the war was concluded in 1918, the work of the Fund has continued. Their work having mainly to do with the families, we find that children form the largest number of cases referred to the clinic. Here also, as in every table, we find that feeblemindedness is the big problem.

TABLE X—WOMEN'S DIRECTORY OF MONTREAL

Male adults	0
Female adults	28
Male adolescents	0
Female adolescents	14
Male children	2
Female children	0
	44

DIAGNOSIS

Psychoneurosis:
b. Psychasthenic, 1.
Not insane:
Mentally deficient, 25.
Normal, 5.
Deferred, 2.
Retarded, 3.
Illegitimate maternity, 1.
Not diagnosed, 4.
Sex delinquent, 1.
Constitutional psycho. infer., 1.
Neuro-syphilis, 1.

DISPOSITION

Com. to inst. for F.M. rec., 2.
Other hospital care rec., 4.
Deportation rec., 4.
Report and advice given S.A., 30.
No treatment, 4.

The Women's Directory of Montreal looks after the problem of the unmarried mother. Their policy is to refer each case to the psychiatric clinic, but owing to stress of work and insufficient social workers, only 44 had been examined when this report was undertaken. Out of the 44 women, 25, or 56.81 per cent, were mentally deficient.

TABLE XI—GIRLS' COTTAGE INDUSTRIAL SCHOOL

Male adolescents	0
Female adolescents	17
	17

DIAGNOSIS

Dementia praecox:
a. Simple, 1.
Not insane:
Mentally deficient, 10.
Normal, 2.
Delinquent, 2.
Sex delinquent, 1.
Retarded, 1.

DISPOSITION

Report and advice given to S.A., 15.
O.P.D. care rec., 1.
Deportation rec., 1.

The Girls' Cottage Industrial School is an institution for the care of delinquent girls, supported mainly by private subscriptions. Until recently, no provision was made by the Provincial Government for the care of

Non-Catholic delinquent girls, and when finally a contract was signed with the Girls' Cottage Industrial School for the care of these girls, the Government only agreed to pay the School $120.00 a year for each girl, an amount totally inadequate to provide for proper treatment. The School has, therefore, been struggling along under great difficulties. The policy of the School has, however, been to have a routine psychiatric examination of each girl. The results of the examination of the 44 girls examined shows the urgent need of an institution for the feebleminded in the Province of Quebec.

TABLE XII—OTHER CLINICS IN THE ROYAL VICTORIA HOSPITAL

Male adults	7
Female adults	14
Male adolescents	9
Female adolescents	6
Male children	12
Female children	5
Male infants	1
Female infants	0
	54

DIAGNOSIS

Psychoneuroses:
- b. Psychasthenic, 2.
- c. Neurasthenic, 3.
- d. Unclassified, 1.

Manic depressive psychoses, 3.
Alcoholic psychoses:
- Alcoholic deterioration, 1.

Paranoia, 2.
Psychoses with cerebral syphilis, 1.
Psychoses with mental deficiency, 1.
Psychoses with other somatic disorders:
- c. Exhaustion psychosis, 1.

Not insane:
- Mental deficiency, 19.
- Epilepsy, 5.
- Constitutional psycho. infer., 3.
- Mental deficiency with epilepsy, 1.
- Normal, 6.
- Retarded, 2.
- Thyroid insufficiency, 1.
- Not diagnosed, 1.
- Trifacial neuralgia, 1.

DISPOSITION

Com. to inst. for F.M. rec., 6.
Com. to mental hospital rec., 4.
Other hospital care rec., 6.
O.P.D. care rec., 25.
Report and advice given S.A., 10.
Com. to boys' inst. rec., 1.
Special class rec., 1.
No treatment, 1.

Other clincis in the Royal Victoria Hospital have realized to a certain extent the importance of the psychiatric clinic, but it is still hard to persuade the ordinary physician that any good can result from a psychiatric examination. Most physicians have not yet seen the community side of medicine, and it is this phase of medicine which has especially attracted the psychiatrist.

From this source a larger proportion of psychoses are found, and it shows the need of a psychopathic hospital where these cases could be thoroughly studied and treated.

TABLE XIII—OWN OR RELATIVE'S INITIATIVE

Male adults	4
Female adults	5
Male adolescents	3
Female adolescents	2
Male children	4
Female children	5
Male infants	1
Female infants	0
	24

DIAGNOSIS

Psychoneuroses:
a. Hysterical, 3.
Dementia praecox:
a. Simple, 3.
Involutional melancholia, 1.
Paranoia, 1.
Not insane:
Mentally deficient, 10.
Epilepsy, 1.
Mental deficiency with epilepsy, 1.
Normal, 1.
Alcoholism, 1.
Not diagnosed, 2.

DISPOSITION

Com. to inst. for F.M. rec., 4.
Com. to mental hospital rec., 2.
Other hospital care rec., 2.
O.P.D. care rec., 3.
Report and advice given to S.A., 7.
Special class rec., 1.
Deportation rec., 3.
No treatment, 2.

Few patients have come to the clinic on their own or their relatives' initiative, owing to the fact that the existence of the clinic at first was not generally known. Lately however, it has been noticed that the number of patients from this source has been increasing. It must be understood, of course, that a number of patients who have been placed in the other tables might possibly have been recorded in this category.

TABLE XIV—DIAGNOSIS

Diagnosis	M. Adult	F. Adult	M. Adol.	F. Adol.	M. Child	F. Child	M. Inf.	F. Inf.	Total
Senile psychoses:									
a. Simple deterioration		2							2
Psychoses with cerebral syphilis	1					1			2
Alcoholic psychoses:									
a. Alcoholic deterioration	2								2
Psychoses with other somatic disorders:									
a. Post-infectious psychosis		1							1
b. Toxic psychosis	1								1
c. Exhaustion psychoses		2							2
Manic depressive psychoses	3	6							9
Involutional melancholia		3							3
Dementia praecox:									
a. Simple	4	3	4	4					15
b. Catatonic	1			1					2
Paranoia	6	5							11
Psychoneuroses:									
a. Hysterical	1	9		2	1	1			14
b. Psychasthenic	2	3	1	1					7
c. Neurasthenic	1	5							6
d. Unclassified	1		1		1				3
Psychoses with constitution psycho. infer.		1							1
Psychoses with mental deficiency	1	4							5
Undiagnosed psychoses		1							1
Not insane:									
Mentally deficient	11	52	84	77	59	34	3	1	321
Epilepsy	3	1	4		7	6	1		22
Normal		10	28	16	37	18	1		110
Retarded		4	22	7	20	4	1		58
Trifacial neuralgia	1								1
Not diagnosed	2	12	1	2	4	3			24
Laryngitis		1							1
Deferred	3	5		6	7	4	1	1	27
Constitutional psycho. infer.	6	5	2	1	1				15
Speech defect				1		1			2
Mutism					1	3			4
Mental deficiency with epilepsy	1		3	1					5
Delinquent			2	3					5
Myatonia congenita							1		1
Thyroid insufficiency		1							1
Chorea					1				1
Illegitimate maternity		1							1
Neurosyphilis		1							1
Menopause		1							1
Sex delinquent		1		3	2				6
Alcoholism		2							2
Mental deficiency with cretinism		1	1						2
Heart disease		1							1
Cerebral hemorrhage		1							1
Cerebral diplegia						1			1
	51	145	153	125	141	76	8	2	701

When the table on diagnosis is studied, we find that the mentally deficient contribute easily the largest proportion, 321 out of 701, or 45.79 per cent. For several years different organizations in the city of Montreal have appealed to the Provincial Government to make some provision for the feebleminded, but they could never present any definite figures regarding the number of these persons in Quebec. When the clinic was therefore organized, every possible case was sent in order to obtain statistics. As a result of the clinic's work, an institution for the feebleminded has been promised by the Premier of the Province, but so far there are no signs of it being built.

In connection with the psychoneuroses, female adults contribute the largest proportion. The aftermath of the war, the return of wounded or sick husbands, unemployment following the war, all contribute to the cause of this type of mental disorder. Our clinic also does not differ from other psychiatric clinics in having a large number of Jews in this category.

There is nothing new to be contributed from an out-door clinic on the definite psychoses. It is interesting to note, however, that although the Province of Quebec is practically the only "wet" spot left on this continent north of Mexico, there have been very few cases of alcoholic psychoses.

The number of cases suffering from neuro-syphilis is very small because these patients are treated in the neurological out-door clinic.

The question of delinquency is an interesting problem. A large number of the juvenile delinquents are mentally deficient, it is true, but at least half of them are normal as regards their intelligence quotient. The high grade feebleminded type of juvenile delinquent is usually very clever in many respects. He is not always the leader of the gang, but he is usually the one who commits the theft or other act which causes the arrest of the gang. The reason for the boy of foreign parentage being sent to the Juvenile Court is often because of lack of parental control. The boy learns the English language before his parents, he adopts the customs of the country more rapidly, with the result that he begins to look down on his parents and feel that they cannot teach him anything new.

The cause of the girl being brought before the Court is usually of a sex nature. With the spread of the dance hall, movies and automobiles, the average girl is not content to stay at home and do domestic work. She must take up a business career or work in a factory so that she can have her evenings free. Many of the girls are mentally deficient, but with a manner and a prettiness which, with their lack of mental control, leads to their delinquency. There is also the girl who thinks it is nobody's busi-

ness but her own if she chooses to adopt an immoral career. One such girl when questioned about her life said it had been a delightful experience.

TABLE XV

Disposition	M. Adult	F. Adult	M. Adol.	F. Adol.	M. Child	F. Child	M. Inf.	F. Inf.	Total
Commitment to institution for feeble-minded recommended	2	7	21	10	18	10			68
Commitment to Mental Hospital rec.	9	16	1	3					29
Other hospital care rec	3	7	5	8	12	7			42
Out-patient department care rec.	14	20	12	6	12	10	1		75
Commitment to deaf and dumb institution rec					1				1
Commitment to girls' institution rec.				13					13
Commitment to boys' institution rec.			13		16				29
Commitment to boys' home rec			3						3
Probation rec			59	14	20	3			96
Special class rec			7	1	11	4			23
Deportation rec	3	10	1	6					20
Report and advice given to social agencies, institutions, etc	15	69	30	58	45	36	5	1	259
No treatment	5	16	1	6	7	5	2	1	43
	51	145	153	125	141	76	8	2	701

The problem of disposition in connection with our clinic is probably different from most clinics. As has been stated before, the Province of Quebec has no provincial institutions for the insane, feebleminded, epileptic, juvenile delinquent or psychopathic adult. There are, it is true, three insane asylums and one institution for low grade mental defectives, but all these institutions are privately controlled. The Government simply pays so much a year per public patient committed to them. The amount paid is totally inadequate. In other words the Government of the Province of Quebec has not yet assumed its responsibility towards the care and treatment of those persons who are mentally diseased or feebleminded.

The recommendations for disposition, therefore, fall largely under the heading "Report and advice given to social agencies, institutions, etc." This advice is not merely a written one, but the social worker attached to the psychiatric clinic keeps in close touch with each agency who receives a report, in order to help them in every way possible.

Twenty patients were recommended for deportation. Most of these were actually returned to their country of origin, but each case entails a large amount of work by the social worker which should really be done by a government official.

CONCLUSION

The psychiatric clinic is filling an actual need in the city of Montreal and province of Quebec, as is evidenced by the continual increase of patients being referred to it and by the opinions expressed by the different social agencies.

The work of the clinic is, however, very handicapped by the fact that there is no institution for the feebleminded or epileptic and no psychopathic hospital where every patient can receive if necessary, a thorough investigation and treatment.

MENTAL HYGIENE SURVEY OF THE PROVINCE OF SASKATCHEWAN.

CONDUCTED BY THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE—JUNE 1920.

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I

INTRODUCTORY STATEMENTS

Authorization for Survey

The Honourable W. M. Martin, Premier of Saskatchewan, invited the Canadian National Committee for Mental Hygiene to conduct a study in the province that would be of assistance to the government in framing a suitable policy for the prevention, diagnosis, and treatment of cases of mental abnormality.

Scope of Investigation

The National Committee directed its attention to such organizations in Saskatchewan as the following—Public Schools, Gaols, Boys' Detention Home, Juvenile Court, Maternity Homes, Children's Aid Shelter, Provincial Hospital for the Insane and the Home for Mental Defectives. These institutions were selected for special study because of the following considerations:

(1) A mental hygiene survey of representative schools furnishes an index of the nature and extent of the problem of mental abnormality with regard to the children of the province (1|5 of the entire population). While the gathering of this information is important, the major interest centres in the consideration of a practicable policy of utilizing the school system for the early diagnosis and training of the mentally handicapped. It is in this connection (the schools) that the State possesses its most hopeful and productive field for mental hygiene activities.

(2) A study of the Gaols, the Boys' Detention Home and the Juvenile Court is of value to determine the relationship that exists between delinquency and mental abnormality. If such an investigation demonstrated, for example, that a considerable proportion of the anti-social class were abnormal and if it were found that suitable provision had not been made to meet the situation, then the Committee would be in a position to advocate desirable reforms.

(3) A mental examination of unmarried mothers in maternity homes contributes to our knowledge of the problem of illegitimacy and gives indications concerning the development of a policy that aims at solution.

(4) Mental abnormality is often a considerable factor in connection with neglected and dependent children. A study of Children's Shelters is therefore useful.

(5) A mental hygiene survey would of course be incomplete without special consideration of such institutions as the Provincial Hospital for the Insane and the Home for Mental Defectives.

RECOMMENDATIONS

It was the desire of the National Committee to sufficiently study the problem of mental abnormality in the province, and the present facilities for its control, to warrant recommendations concerning the further development of an efficient mental hygiene policy. These recommendations would be based on a consideration of local conditions and would be in conformity with accepted ideals in various parts of the world.

II

FOREWORD

CO-OPERATION OF OFFICIALS

A survey of the Province of Saskatchewan began in the early part of *June and was carried on energetically by the Medical Director, the Associate Medical Director, the Assistant Secretary, and the Social Service Nurse, until completed. The Government of the Province kindly made the way easy and placed at the disposal of the investigators the different organizations likely to be of assistance in arriving at proper conclusions regarding the problems to be studied, on every hand there was evidenced a desire to help in the work with the result that no unpleasant delays occurred. As has been recorded in the story of the surveys in other Western Provinces the people on every side showed a deep anxiety to know the truth and a readiness to co-operate, with the idea that if reforms were necessary now was the time to adopt them. This attitude accounts for the rapid progress being made in social matters in the comparatively new provinces of Canada. It is at once apparent that if the older and more developed provinces of the East are to keep pace with the younger sisters in confederation they will have to shake off some of the lethargy which seems to have overtaken them.

* June, 1920.

Large Rural Population

Saskatchewan being a distinctly agricultural country, without large urban centres, presented different problems from those met in Manitoba and British Columbia, and the fact the population contains so many foreign born complicated the study to a marked extent. At the same time any pessimism we may have developed before undertaking the work vanished when we realized that the methods being adopted to control immigration will prevent the evils which were almost inevitable under the old system. After making surveys of three of the Western Provinces we are impressed with the promising future of Canada, and are more and more convinced of the necessity of safeguarding the incoming immigration by the most rigid inspection of those who would become citizens of a nation that possesses all the elements of greatness.

Resources of Western Canada

To traverse the endless fertile prairies of Saskatchewan, to view its resources, and to realize the vastness of the wealth of the whole West combined with the well known possibilities of the East, is too bring home the conviction that Canada's place in the world is not only insured, but also tends to develop the hope that it may be unequalled. The West being peopled by those who for the great part are young in body, mind and spirit, it is but natural that they think and act quickly and show a virility that is refreshing. These things impressed us at every turn and developed an optimism that may have been to a certain extent the outcome of an irresistible contagion, but was also well founded on the rock of experience.

Desire for Progress

In some respects, Saskatchewan has clung to methods which are now ordinarily regarded as obsolete, but, on the whole, the desire to keep abreast of the times and even lead in many things is apparent. The difficulties of administering to the social needs in a Province where the comparatively small population is scattered over an immense area are many, and the surprise is that they have been as well met as has been the case. In view of the fact that the care of defectives had never been attempted in any systematic way in the Province, although an unsatisfactory arrangement with Manitoba existed in regard to delinquent types, special attention was given by the committee to a study of the problem of mental

defect among public school children. In addition a careful survey of prisoners in gaols and boys in the industrial school was made with the purpose of collecting facts which would be of use to the Government when framing a policy for the care and treatment of subnormal adults and children.

NEW CANADIANS

A great many rural schools were visited with the hope of learning something of the character of the foreign born and the new Canadians. In one of the city schools in Regina no less than twenty-six nationalities were represented by the children, but it was a matter of interest to find that it was an exception either in city or country to meet a child who could not speak English fluently. This proves conclusively that the public school is the most important part of the melting pot when new Canadians are in the process of making. Many of the children questioned said that when at home they used the language of their parents, and not only considered it no hardship to discourse in English, but preferred it, as it was the source of all of the knowledge being imparted to them. The next generation will, to a great extent have forgotten the old world traditions, and if sufficient precautions are taken to ensure the admission of immigrants of good physical and mental types the future will take care of itself. Nowhere was this more evident than in the Mennonite Schools, particularly where the children come from the so-called "progressive" stock. Many of such children rated far above the average, and when we had learned their psychology and penetrated their cloak of shyness, it was not difficult to understand that they would make Canadians of the best kind. It was obvious too, that this group did not contain more than the average number of defectives to be found in any good community in Canada, and their physique was notably good.

VIGOROUS EDUCATIONAL POLICY

The government of Saskatchewan has been keenly alive to the important part that education must play in the making of useful amd patriotic citizens, and it must be congratulated on the fearlessness it has shown in elaborating a vigorous educational policy. When it is remembered that more than five thousand schools exist in Saskatchewan it is a simple matter to realize the magnitude of the task imposed on a young Province. In the course of our investigations it was frequently necessary to include in our inquiry questions deliberately imposed with the idea of learning how much these young new Canadians understood of the constitution of

the country of their parents' adoption. They were just as well informed on this point as the children of the older Provinces. Rarely indeed did they fail, for example, to differentiate between the methods of selecting a King and electing a President. In Ontario just as many pupils would "fall down" on this question as would be the case in a school in a progressive Mennonite centre in Saskatchewan. Children belonging to the old Colony Mennonites proved much inferior in intelligence and evidently have not profited by their association with the other groups. They illustrate the fact that compulsory education is after all the chief factor in bringing about the assimilation of the numerous foreign elements to be found in Saskatchewan, and make it also clear that they are not of as good mental calibre as the progressive types.

IMMIGRATION

The question of the mental efficiency of different groups of immigrants can be worked out most satisfactorily in Saskatchewan and the results of our investigations along these lines are full of interest. It makes very clear what we have always contended, that it is best to make haste slowly when admitting immigrants to Canada.

III

PRIMARY SCHOOLS—SASKATCHEWAN

FOREWORD

No more interesting or stimulating study has ever been conducted by the Canadian National Committee than the survey of twenty-two representative Saskatchewan schools. At the outset it was hoped that the investigation would furnish data concerning the proportion of the school population belonging to the mentally handicapped group in need of specialized training, the nationalities of those comprising this class, the facilities being utilized to deal with the problem, and needed requirements for the betterment of the system. Although the gathering of such information was the primary reason for the study, the investigation led to a broader consideration of the whole educational system, and facts were elicited that created a profound respect for what we deem one of the most astonishing enterprises in the Dominion of Canada.

It was discovered that the school authorities of the province were confronted with an educational problem of vast proportions and of a most complex nature. They were called upon to furnish educational advantages for no less than 147,232 children in 1918, and many more at the present time—children belonging mostly to the new Canadian, or immigrant class, and many living in homes where the English language was not spoken. To add to those difficulties the annual increase in the school population has been great, and seventy per cent of the children were resident in rural districts.

The story of how this situation has been met throws an interesting sidelight upon the enterprise, energy, and resourcefulness of the people of Saskatchewan. It was discovered that the school building programme had for the most part kept pace with ever-growing needs, that teachers, well trained and better salaried than in many parts of Canada, had been secured to man the staff, and that, taken as a whole, the system compared favourably with others in the Dominion that had been developed over a much longer period.

A study of individual schools demonstrated the important part they were playing in the Canadianization of the foreigner. Wetmore School in Regina is a striking example. It has an attendance of 800. The Canadian born account for but 20% of the total, while the remainder are recruited from 26 nationalities. The school plant cost approximately $250,000, and is one of the finest buildings of its kind in Canada. In addition to the regular school equipment there is an auditorium seating 900 people, with a commodious stage. This theatre or lecture hall is utilized as a community centre where the children and adults of the neighbourhood meet from time to time for instruction and entertainment. Another notable feature was a shower bath installation that insured a bath for each pupil once a week.

The large amount of money expended on Wetmore School was an investment producing splendid dividends. In fact, the school was a melting-pot wherein children from all parts of the earth were being Canadianized with surprising rapidity. A visitor realized that the pupils were absorbing Canadian ideals, and there was no question about their growing loyalty to the British flag. At the time of the survey a sword was presented to the school by the Lieutenant-Governor because of excellence in cadet drill, and the demonstrations of patriotic fervour were spontaneous and enthusiastic.

Wetmore School is by no means unique in Saskatchewan. It but typifes a system that is solving many vexed problems of immigration.

IMPORTANCE OF MENTAL HYGIENE SURVEY OF SCHOOLS

The Public School system offers an opportunity for the early diagnosis of mental abnormality and for the incorporation of a system of early training and treatment. It is a well recognized fact that the higher grade feeble-minded child can be so trained in many cases as to insure a fair degree of social usefulness. This training can be given in public schools if facilities exist. When, on the other hand, the mentally deficient child is allowed to pass through the system with the mental condition undiagnosed and suitable training not provided, social disaster often ensues. A mental examination of the inmates of jails and reformatories reveals only too clearly the results of feeble-mindedness plus the lack of specialized early training.

Although the task is more difficult, nevertheless it is important to diagnose possible beginning cases of mental disease (insanity) in the schools. A considerable proportion of the present inmates of our mental hospitals demonstrated signs of early mental breakdown when they were in school attendance. If their condition had been appreciated during school life, precautions could have been taken in many cases, that would have prevented mental collapse. With modern psychiatric (mental hygiene) methods of examination we can discover children who demonstrate unhealthy mental trends and who may be travelling a road that leads to mental disease, if precautions are not taken.

From the foregoing it will be seen that mental hygiene activities in schools are of great importance. The time is almost at hand when mental inspection and early treatment will be considered as necessary as medical inspection from the physical standpoint. Indeed, prevention in the realm of mental abnormality has far greater scope in Public Schools than elsewhere.

It is hoped that the facts elicited in the present survey will receive careful consideration and will stimulate the school authorities to adopt a progressive mental hygiene programme. Such a step would save the Province much in the way of future expenditure in connection with mental hospitals, reformatories, and penal institutions, and would prevent a great deal of human suffering.

FINDINGS IN SCHOOLS

A. MENTAL DEFECTIVES

A study of 3182 children attending 6 representative schools in Regina, Saskatoon, and Moose Jaw, resulted in the detection of 61 mental defec-

tives. This constitutes a percentage of 1.91. In addition 458 children attending 16 rural and county schools led to the discovery of 22 mental defectives—a percentage of 4.80.

The percentage attributed to city schools might be taken as a fair index of the percentage that would obtain for all the schools of the Province, because it harmonizes with findings in other parts of Canada and the United States. A percentage of 4.80 while true for the 16 rural schools investigated, is undoubtedly too high for the whole system. A perusal of the individual rural school findings makes this point clear. It was discovered, for example, that in 8 schools not one defective was in attendance; in 3, 1 defective; in 2, 2 defectives; in 1, 4 defectives; in 1, 5 defectives, and in 1, 6 defectives. In other words, all the mental defectives were found in half the schools. These results, while interesting, show the necessity of a survey of several thousand rural school children to make possible any generalizations. An explanation might be given, however, for the unequal distribution of mental abnormality. The presence of an inferior family in a district often contributes several defectives to one school. When, on the other hand, the families of a section are of sound stock, the children may be expected to be of a good physical and mental type.

If 1.91 percent. be accepted as a fair average of mental deficiency for the schools of Saskatchewan, it follows that there must be 2,777 feebleminded of school age in the Province. The total school population of Saskatchewan in 1918 was 147,232.

B. PSYCHOPATHS

No attempt was made to discover all the psychopathic children (children with unhealthy mental trends) in the school survey. In the quest, however, for mental defectives, 13 psychopaths were found—all in need of psychiatric supervision and guidance. An illustrative case from Wetmore School indicates the nature of the problem presented by these peculiar children,—Boy, age 9, Roumanian, who could be described as follows,—restless, impulsive, unstable, stubborn, idle, untruthful, pugnacious, and apparently incorrigible.

C. DULL NORMALS

133 children were found who could be grouped as dull normals. These children were not sufficiently bright to cope with the curriculum in

the regular classes, and on the other hand were not dull enough to be classed as mental defectives, and from the standpoint of *Intelligence Quotients they ranged between 75 and 90.

Dull normal children present a distinct problem in every primary school. They constitute approximately 10% of the school population and contribute largely to the repeater class. In larger schools it seems prudent to teach dull normals in separate classes, where the rate of progress is suitable to the children concerned. At the present time they are not always recognized, and the conscientious teacher wears herself out in a vain endeavour to keep them abreast with the other scholars.

D. NATIONALITIES

The nationalities of mentally deficient children recommended for industrial class or institutional care are as follows:—

Nationality	%
†Canadian	35
English	15
German	7
Serbian	6
Scotland	4
Roumanian	4
Austrian	4
Russian	4
Polish	2
American	1
Scandinavian	1
Turkish	1
Dutch	1
Unknown	15

E. MENTAL HYGIENE ACTIVITIES IN SASKATCHEWAN SCHOOLS

To date there has been little organized activity in the schools of Saskatchewan for the purpose of dealing with mental abnormals. Credit must be given, however, to the work accomplished by the Special Class in Regina, and to the collection of data by the Provincial Department of Education and the Provincial Department of Public Health.

The Special Class in Regina was organized primarily to deal with retarded children who might be returned to regular classes. It was found, however, that the children belonged for the most part to the mentally deficient group and were unsuitable for promotion. Miss Kerr, the teacher, has done excellent work under the circumstances. To insure

* In determining the intelligence quotient for an individual the mental age is taken as the numerator, the chronological age as the denominator, and the result multiplied by 100, e.g., a child with a mental age of 5 and a chronological age of 10 would have an intelligence quotient of 5 x 100 equals 50.

† The Canadian-born population of Saskatchewan as a whole is estimated at 54.5%

further progress in Regina the children requiring special instruction should be selected on a somewhat different basis than has been the case in the past, and there is need for the establishment of several additional classes.

The nurses attached to the Provincial Department of Education have collected considerable information concerning the prevalence of mental deficiency in schools, and Dr. Dymond, of the Department of Health, has done much along the same line. The work has been hampered, however, because of the absence of skilled psychiatric and psychological assistance.

WETMORE SCHOOL, REGINA.

Principal: Mr. N. Detweiler.
Attendance: 800.

HOME CONDITIONS, ETC.

Ninety per cent of the children are from the homes of labouring classes. These homes are for the most part rather unsanitary and lacking in comfort. It was pointed out that the diet of the children was not well balanced—too much bread and jam and lack of other essentials.

NATIONALITY OF CHILDREN

Twenty-six nationalities are represented in the school. The percentages are roughly as follows,—

Canadians	20%
English, Irish, Scotch	20%
Austrian	18%
Roumanian	15%
German	12%
Serbian	10%
Poles, Bulgarian, Swede, Dutch, Italian, Norwegian, Dane, etc.	5%

School Building and Equipment, Etc.

The school cost approximately $250,000, and is one of the finest public school buildings in Canada. The twenty-one rooms are well lighted and excellently ventilated with the aid of a satisfactory mechanical device. An auditorium seating 900 people with a commodious stage is utilized as a community centre where children and adults of the neighbourhood meet from time to time for instruction and recreation. A notable feature of the equipment consists of shower bath arrangements by means of which each pupil secures a bath once a week.

Mental Examination

74 children were referred for mental examination with the following findings

Feebleminded	25
Psychopathic	1
Neurotic and backward	1
Borderline	19
Backward	13
Apparently normal	15

By grouping the feebleminded, psychopathic and neurotic into a mentally abnormal group there were in all 27 cases. This does not include the 19 borderline children who upon further examination, might prove to be definitely abnormal. The percentage of mental abnormality in this school of 800 children is 3.37.

Recommendations

Of the 74 children examined it was considered that 39 were quite unsuitable for regular class room instruction. 36 could with benefit be placed in special industrial classes. One needed institutional care in a training school for the mentally defective and 2 needed attention in an institution or special class for the blind.

There was a sufficient number of mental defectives in Wetmore School alone to warrant the establishment of two special industrial classes.

A more detailed report of the mentally abnormal children in this school follows.

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
1	7	Roum....	1	71	Mental Defective	Industrial class	Dull, weak willed, seclusive, shy, cyanosis of hands.
2	8	Can.....	1	75	Mental Defective	Institutional care	Blind left eye, dwarf, deformed ears, high arched palate, dull, weak willed, restless. Environment very bad. Parents alcoholic. Mother mentally defective.
3	10	Can.....	1	70	Mental Defective	Industrial class	Dull, apathetic, inattentive. Sister mental defective. Home conditions very bad. Parents alcoholic. Children neglected, under care of C.A.S.
4	8	Can.....	1	74	Mental Defective	Industrial class	Malnutrition, dull, apathetic, inattentive. Brother's history No.3.
5	9	Germ....	2	75	Mental Defective	Industrial class	Dull, lazy, pugnacious, shy, worried, high arched palate, cranial peculiarities.
6	10	Aust.....	3	72	Mental Defective	Special class for blind	Very short sighted. Strabismus, dull, apathetic, inattentive. Home dirty. Other members of family mental defectives.
7	9	French-Can.	1	75	Mental Defective	Industrial class	Dull, apathetic, restless inattentive. Parents alcoholic. Mother in jail for immorality. Children taken by C.A.S. Sister and mother mentally defective.

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
8	6	Serbian...	Kind.	66	Mental Defective	Industrial class	Malnutrition. High arched palate, dull, stolid.
9	8	Roum....	Kind.	75	Mental Defective	Industrial class	Undersized, poorly nourished, high arched palate, dull, stolid.
10	6	Germ.. ..	Kind.	66	Mental Defective	Industrial class	Dull, shy, poorly nourished, defective nasal breathing, stolid.
11	12	Serb.....	3	77	Mental Defective	Industrial class	Dull, slow mental action.
12	13	Can.....	2	62	Mental Defective	Industrial class	Manneristic, very slow at school, pronounced shyness.
13	10	.....	2	65	Mental Defective	Industrial class	Restless, slow at school. Depressing home conditions. Parents below par.
14	11	Serb.....	2	75	Mental Defective	Industrial class	Weak willed, plays with younger children, dull facial expression. Has always been slow.
15	12	Russ.....	3	75	Mental Defective	Industrial class	Class disturber, restless, talkative, stubborn, bad temper, pugnacious, abnormal ears, stupid facial expression.
16	13	Aust.....	3	65	Mental Defective	Industrial class	Class disturber, dull, easily led, abnormal ears, high arched palate. Depressing home conditions.
17	12	Russ.....	4	75	Borderline	Industrial class	Poor environment. Brother feebleminded. Child docile at home.

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
18	13	Serb.....	4	61	Borderline	Industrial class	Poor environment. Father shiftless, and alcoholic. Child backward in walking and talking. Stubborn, dull.
19	10	Germ....	2	80	Borderline	Industrial class	Home dirty. Mother probably defective mentally. Child disobedient, untruthful, restless, unstable, dull.
20	13	Eng....	4	76	Borderline	Industrial class	Stubborn, incorrigible. Poor physical type.
21	7	Can.	1	75	Borderline	Industrial class	Restless, slow.
22	8	Can.....	1	79	Borderline	Industrial class	Poor physical type, malnutrition, abnormal ears, speech defect.
23	9	Russ.....	3	77	Borderline	Industrial class	Stubborn, lazy, pugnacious, restless. Home conditions very bad. Parents very dull.
24	8	Roum....	1	81	Borderline	Industrial class	Easily led, shy, requires medical care.
25	9	Can.....	1	93	Borderline	Industrial class	Speech defect.
26	11	Germ....	3	81	Borderline	Industrial class	Environment poor. Child dull, lazy, restless, defective nasal breathing.
27	10	Aust.....	3	80	Borderline	Industrial class	Poor physical type, anaemic, restless, weak-willed, seclusive. Parents dead. Child very disobedient and incorrigible at home.
28	9	Roum....	3	100	Psychopathic	Industrial class	Impulsive, stubborn,idle. Untruthful, pugnacious, restless, incorrigible, unstable.

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
29	8	Turk.....	1	75	Mental Defective	Industrial class	Slow, inattentive.
30	9	Serb.....	1	63	Mental Defective	Industrial class	Weak-willed, dull. Environment poor. Mother defective.
31	8	Germ....	1	75	Mental Defective	Industrial class	Dull, apathetic, high arched palate. Was backward in walking and talking.
32	10	Can.....	1	70	Mental Defective	Industrial class	Infantile speech, lisps, slow. Has always been very backward.
33	7	Can.....	1	71	Mental Defective	Industrial class	Backward in learning to talk. Slow in all work. Difficult to rouse interest.
34	11	Germ....	3	71	Mental Defective. Neurotic	Industrial class	Speech defect. Restless. Environment poor. Father careless. Older brother juvenile delinquent.
35	10	Russ.....	2	70	Mental Defective	Industrial class	Abnormal ears, weak-willed, shy, plays with younger children, pugnacious, restless. Poor home. Father deserted family.
36	13	Germ....	2	70	Mental Defective	Industrial class	Impulsive, lazy, plays with small children, quarrelsome.
37	6	Eng.....	Kind.	82	Borderline	Industrial class	Has been 3 years in kindergarten, and does not seem to have learned anything.
38	13	Aust.....	3	64	Mental Defective	Industrial class	Sister mental defective. Poor home. Child very slow. Not making any progress.
39	11	Serb.....	3	81	Borderline	Special class for blind.	Requires special care.

DEFECTIVES IN RURAL SCHOOLS—SASKATCHEWAN

SCHOOL—VICTORIA PLAINS

Case	Age	Grade	Nationality	I.Q.	Diagnosis	Notes
I.	9	II	Can.	69	M.D. & Psychop.	Nervous, dull, shy, mental action very slow, comprehension poor. M.A. 6.
II.	10	IV	Can.	79	Low normal	Dull and apathetic, undersized.
III.	13	IV	Eng.	69	M.D.	Mental age 9. Pale, anaemic, undersized, judgment and comprehension poor.
IV.	12	VI	Can.	75	M.D.	Stupid, manneristic.

SCHOOL—GRAND COULEE (538) AND 604)

V.	11	I	Can.		M.D.	
VI.	13		Can.	75	M.D.	
VII.	8		Can.		M.D.	

SCHOOL—BROWN HILL

Case	Age	Grade	Nationality	I.Q.	Diagnosis	Notes
VIII.	12	IV	Can.	75	M.D.	M.A. 8.

SCHOOL—WARMAN PUBLIC SCHOOL

IX.	12	IV	Can.	75	M.D.	M.A. 9.
X.	12	IV	Can.	70	M.D.	M.A. 8.
XI.	10		Can.	75	M.D.	Slow and careless.
XII.	8	I	Can.	75	M.D.	
XIII.	10	III	Can.	72	M.D.	Slow, inaccurate.
XIV.	12	I	U.S.	66	M.D.	

SCHOOL—DALMENY

XV...	14	VI	Can...	75	M.D.
XVI..	12		Can....	75	M.D.
XVII.	12½	III	Can.....	59	M.D.
XVIII	11½	....	Eng.....	71	M.D.
XIX..	8	.	Can....	75	M.D.

SCHOOL—AURORA

XX..	7	....	.....	.....	M.D.
XXI..	9	I	....	....	M.D.

SCHOOL—ROSE PLAINE SCHOOL

XXII	11	Sr. II	Can....	75	M.D.

KING GEORGE SCHOOL—MOOSE JAW

Principal: Mr. Downey.
Attendance: 720.
Home Conditions: For the most part excellent. Parents better class tradespeople
Nationality: Mainly Canadian.
Building: The school was erected in 1912, and is an excellent structure.

Mental examination—73 children were referred for psychiatric examination with the following results,—

Feebleminded	8
Borderline	13
Neurotic	2
Dull normal	18
Backward (through lack of opportunity or physical condition)	12
Superior intelligence	4
Apparently normal	16

The feebleminded and definitely neurotic total 10 or 1.38% of 720 school children.

A study of the children demonstrated the fact that 17 were in need of industrial class training. Eight children, because of physical handicaps, needed medical or surgical treatment and one imbecile required institutional care.

Four children of superior intelligence call for comment. One boy, aged 11, had an I. Q. of 163, and another boy age 9 possessed an I. Q. of 155. The former was endowed not only with splendid mental equipment but had in addition a strong sturdy physique. Children of this class are deserving of the closet attention, and if general health warrants they should be given an opportunity to receive the advantages of higher education.

A detailed account of those children who needed special attention follows.

KING GEORGE SCHOOL, MOOSE JAW

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
1	15	Can.....	V	66	Mental Defective	Industrial class	Mental age 10.
2	10	Eng.	III	85	Borderline	Industrial class	
3	8		III	87	Borderline	Industrial class	Hard to manage.
4	9	Eng.	I	83	Borderline	Industrial class	Malnutrition. Home conditions not good. Parents shiftless and careless.
5	8	Can.	II	.....	Borderline	Industrial class	Dull, slow, speech defect, defective vision, mouth breather, nervous. Mental age 6.
6	13	Eng.	V	80	Mental Defective	Industrial class	Dull, restless, speech defect. Mental age 10½. Easily led. Mother very nervous.
7	12	Scand.	V	83	Borderline	Industrial class	Slow.
8	10		II	73	Borderline	Industrial class	Abnormal ears, slow, inattentive, stolid, careless. Mental age 7.4.
9	13	Eng.	6	77	Borderline	Industrial class	Dull, slow, backward in developmental history. Mental age 10½. Home conditions not very good.

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
10	14	Can.....	6	71	Mental Defective	Industrial class	Slow, restless, defective nasal breathing. Mental age 10. Not dependable, troublesome.
11	10	Scot.....	4	.....	Mental Defective	Industrial class	Lethargic, lack of application, slow, dull. Mental age 8.2. Backward and careless in school.
12	10	Eng.....	II	80	Borderline	Industrial class	Mental age 8. Speech defect, slow. Home conditions bad.
13	11	Can.....	4	.....	Mental Defective	Industrial class	Mental age 7½. Very dull. Teacher reports her as backward and obstinate.
14	9½	.....	3	78	Borderline	Industrial class	Mental age 7½. Apathetic. Malnutrition, speech defect, dull, hard to control in school.
15	10	.....	3	.....	Mental Defective	Industrial class	Mental age 7 plus. Dull, obstinate.
16	10	.....	1	65	Borderline	Industrial class. Physical Attention	Mental age 6½. Defective hearing, defective breathing, malnutrition, apathetic, slow. Poor physical type. Mother neurotic.
17	11	.....	3	72	Mental Defective	Industrial class	Mental age 8. Dull, abnormal.

KING GEORGE SCHOOL SASKATOON.

Principal: Mr. R. A. Downey.

This 13 room school is situated in a community where artisans predominate. The building was erected in 1913. It is well lighted, clean, airy and attractive.

School population: 421.

Results of the psychiatric examination of 63 selected children:

Mentally defective	9
Psychopathic	6
Borderline	4
Dull normal	15
Normal	27
Deferred	1
Supernormal	1
Percentage of mental defectives	2.1%
Number requiring industrial class care	12
Number requiring institutional care	1

A detailed report of those requiring special attention follows.

KING GEORGE SCHOOL

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
1	8	Scot.....	I	75	Mental Defective	Industrial class	Cannot read or write, careless, lacks ambition, dull, apathetic.
2	9	Can.....	I	72	Mental Defective	Industrial class	
3	12	Eng.....	II	67	Mental Defective	Industrial class	Slow, inattentive, stolid.
4	9	Eng.....	I	66	Mental Defective	Industrial class	Inattentive, poor progress.
5	7	Eng.....	I	75	Mental Defective	Industrial class	
6	13	Eng.....	IV	73	Mental Defective	Industrial class	Impulsive, restless, lazy. Shows marked ability along industrial lines.
7	13	Can.....	IV	85	Dull Normal	Industrial class	
8	14	Can.....	IV	85	Dull Normal	Industrial class	Deaf, impulsive, lazy, restless.
9	13	Can.....	IV	80	Psychopathic	Industrial class	
10	11	Can.....	II	76	Borderline	Industrial class	Inattentive.
11	11	Can.....	II	78	Dull Normal	Industrial class	
12	13	Scot.....	III	85	Dull Normal	Industrial class	Dull, shy, poor progress.
13	14	.....	II	46	Mental Defective	Institutional care	Should be excluded from school.
14	14	Scot.	V	78	Psychopathic	Psych. supervision	Dermagraphia, neurotic.
15	12	Can.....	III	85	Psychopathic	Psych. supervision	Full of imagination, unstable, impulsive, abusive.
16	14	Can.....	VI	90	Psychopathic	Psych. supervision	Weak-willed, stubborn, restless.

ALBERTA SCHOOL—REGINA.

Principal: Mr. O. L. Latam.

School population: 550.

HOME CONDITIONS, ETC.

The children are recruited from the home of better class mechancis, office workers, clerks, small shop keepers, etc.

SCHOOL BUILDING, ETC.

The building was erected in 1907 and has had recent additions. There are 16 rooms and provision is made for children from kindergarten to grade VIII.

A psychiatric examination revealed 15 who were in need of industrial class care, and 1 who should be placed in an institution. A detailed account follows.

ALBERT SCHOOL

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
1	6		I	66	Mental Defective	Institution	Restless, inattentive, lazy, dull, apathetic.
2	11	Can.....	4	73	Mental Defective	Industrial class	Mirror writer; poor progress.
3			1	80	Psychopathic	Industrial class	Very nervous type.
4	10	Eng..	2	70	Mental Defective	Industrial class	Weak-willed, lazy, restless, stolid.
5	10	Can .	2	84	Dull Normal	Industrial class	Making poor progress.
6	12	Eng..	4	82	Dull Normal	Industrial class	
7	11			82	Psychopathic	Industrial class	Restless, pronounced shyness, neurotic.
8	10	Can.....	11	80	Dull Normal	Industrial class	Careless, inattentive, restless.
9	13	Eng.....	V	74	Mental Defective	Industrial class	Dull, impulsive, weak-willed, lazy, restless.
10	13		III	72	Mental Defective	Industrial class	Inattentive, poor progress, weak-willed.
11	13	Eng.....	V	70	Mental Defective	Industrial class	
12	8	U.S.A....	I	68	Mental Defective	Industrial class	Very slow, weak-willed.
13	11	Can.....	4	63	Dull Normal	Industrial class	Deaf, poor physique, restless.
14	5		Kind.			Industrial class	Stubborn, no idea of form; lacks interest in kindergarten work.
15			I	85	Dull Normal	Industrial class	Poor physical type. Backward in walking and talking. Restless.
16			I	78	Mental Defective	Industrial class	Very slow; good idea of form.

BUENA VISTA SCHOOL—SASKATOON.

Principal: Mr. Holliston.
Attendance: 400.
Home conditions: For the most part very good.
Nationality: Largely Canadian.
School building: The building is of excellent design and splendidly equipped. It is typical of many of the fine public school structures seen in Saskatoon.

MENTAL EXAMINATION:

38 children were picked out for special mental examination, with the following results,—

Mentally deficient	3
Borderline	8
Dull normal	7
Backward through lack of opportunity or physical condition	7
Apparently normal	13

It was considered that 10 children were better suited to industrial class training than ordinary class instruction .75%.

SCHOOL—BUENA VISTA, SASKATOON, SASK.

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
1	8½	Eng.	I	84	Borderline	Industrial class	Poor family history. Speech defect. Slow; making very poor progress.
2	14	Dutch	IV	78	Mental Defective	Industrial class	Poor concentration. Dull, apathetic, weak-willed.
3	8½	Can.	I	60	Mental Defective	Industrial class	Manneristic, abnormal ears; high arched palate; stubborn; slow; shy.
4	9	Can.	II	77	Borderline	Industrial class	Making very poor progress.
5	8	Can.	I	78	Borderline	Industrial class	
6	8	Can.	I	75	Mental Defective	Industrial class	
7	13	Can.	IV	76	Borderline	Industrial class	Dull and slow. Stubborn, restless, inattentive. Juvenile delinquent.
8	10	Can.	II	70	Borderline	Industrial class	Very slow, untruthful, stubborn.
9	8	Can.	II	81	Borderline	Industrial class	
10	9	Can.	I	86	Borderline	Industrial class	Family all slow. Undersized. Plays with small children. Depressing home.

ST. MARY'S ROMAN CATHOLIC SCHOOL— REGINA

Principal: Mr. McLennan.
Attendance: 271.
Nationality: Majority foreigners.

HOME CONDITIONS

The children who attend this school come from homes of the laboring class.

MENTAL EXAMINATION

Fifteen pupils were referred for examination, of whom seven were abnormal mentally. (2.58% of the total school population.)

A detailed report of the children requiring special care follows:

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
1	11	Can.....	II	66	Mental Defective	Industrial class	Slow, careless. Has been at school 5 years, only reached Jr. II.
2	8	Can.....	I	80	Dull Normal	Industrial class	Dull, apathetic, mental action slow.
3	14	Can.....	IV	65	Mental Defective	Industrial class	Stolid, dull, comprehension poor.
4	10	Can.....	I	35	Mental Defective	Institution	Low grade defective; very slow.
5	13	Can.....	IV	70	Mental Defective	Industrial class	Slow, careless.
6	13	Can.....	VI	77	Psychopath.	Industrial class	Manneristic, dull, apathetic, slow mental action.
7	12	Can.....	IV	76	Mental Defective	Industrial class	

DEFECTIVES IN RURAL SCHOOLS

Sixteen schools were studied with a population of 458 children. Twenty-two mental defectives were discovered—a percentage of 4.80.

The following notes are submitted in connection with individual schools:

1. NORTH REGINA SCHOOL

Principal: Miss Robertson.
School Population: 9.
Grades: I, II, III, IV and VI.

The building contains but one room. It is unattractive and too small for nine children. The pupils were of a high type without evidence of abnormality.

2. BRIAR CLIFF SCHOOL

Principal: Miss Kuiney.
School population: 15.
Grades: I to Senior IV, VII, VIII.

This is an excellent school that is well-managed. The children are of splendid type mentally and physically, and no defectives were found.

3. VICTORIA PLAINS SCHOOL (REGINA COUNTY)

Principal: Miss Corcoran.
School population: 31.
Grades: I, II, III, VI, VIII.

The majority of the children were of foreign parentage. Four were discovered to be definitely subnormal mentally.

4. AURORA SCHOOL —NUMBER 1050

Principal: Mr. J. O. Jenkinson.

This is an interesting school because it represents a type of construction recommended for adoption in many parts of Saskatchewan. It is well-heated and provided with modern sanitary devices. There is one school-room—30 by 20 feet. The building cost approximately $5,000.

21 children were in school attendance, and appeared to be of robust type physically and mentally. It was learned, however, that a family of defectives resided in proximity to the school. A visit was made, and distressing conditions were encountered. A mother and four children were seen. They presented every appearance of neglect. The eldest boy, age 11, had a mental age of 4. The other children were distinctly subnormal.

5. BROWN HILL SCHOOL—(SASKATOON DISTRICT)

Teacher: Miss Evans.
School population: 19.
Grades: I to VI.

One defective was discovered.

6. PENNER SCHOOL—(MENNONITE SETTLEMENT)

Teacher: Miss Ruby Smith.
School population: 21.
Grades: I to VII.

No defectives discovered.

7. DALMENY SCHOOL—(MENNONITE SETTLEMENT)

Principal: D. T. Thierson, Esq.
Assistant: Miss Jantz.
Average school attendance: 60.
Grades: I to VIII

Five mental defectives were found.

8. WILLOW LAKE SCHOOL—(MENNONITE GERMAN COLONY)

Teacher: Jacob B. Schultz.
Average school attendance: 34.
Grades: I to VII.

No mental defectives found.

9 WARMAN PUBLIC SCHOOL—(MENNONITE SETTLEMENT)

Principal: H. R. Hare, Esq.
Assistant: Miss Newth.
Average school attendance: 60.
Grades: I to 2nd year High School.

Number of defectives found—6.

GENERAL NOTES ON MENNONITE SCHOOLS

On June 16th a most interesting survey was made of schools in the so-called Mennonite District about Warman and Dalmeny, and many facts of importance gathered. The majority of the children examined belonged to the progressive branch of Mennonites and all spoke excellent English without a trace of foreign accent. In every instance the pupils said that they used German when at home. It is apparent that the descendants of these children will be new Canadians who are English speaking, and valuable citizens, as for the great part they are of desirable type both physically and mentally. Flaxen haired, blue eyed, and attractive in appearance they made a most favourable impression on the examiners.

It was a little difficult at first to overcome their shyness, but when we began to understand their psychology our troubles vanished and we realized that we were dealing with a most interesting group.

Mr. J. E. Coombes, school inspector, made the way easy and we are deeply indebted to him for the assistance given in making a survey that would have taken much longer to accomplish without his help. As was the case in every rural school visited the teachers were enthusiastic and proud of the work they are doing. The contentment of both children and teachers is remarkable and a tribute to the educational system. The method of examination followed was that usually employed by us, a modified Binet-Simon (Terman) plan, although in some of the larger schools a series of group tests were used in addition.

10. GRAND COULEE—(NUMBER 538) REGINA DISTRICT

Teacher: Miss Tufts.
Average school attendance: 35.
Grades: I to VII.

Two defectives found.

11. GRAND COULEE—(NO. 604) REGINA DISTRICT

Teacher: Miss Buller.
Average attendance: 30.
Grades: I to VIII.

One defective found.

12. DUNDONALD SCHOOL—(REGINA DISTRICT)

Teacher: Miss Van Alstine.
Attendance: 23.
Grades: I to VIII.

Particularly find children without any defectives.

13. DEWDNEY SCHOOL—(REGINA DISTRICT)

Teacher: Miss Cochrane.
Average attendance: 11.

American settlement. Children of fine type physically and mentally. No defectives. One splendid type was found with an I. Q. of 128

14 ROSE PLAINE SCHOOL—(REGINA DISTRICT)

Teacher: Miss Suggett.
Attendance: 16.
Grades: I to V., VII and elementary high school.

1 mental defective was found

15 BOGGY CREEK—(REGINA DISTRICT)

Teacher: Miss Simpson.
Attendance: 25.

English district with no defectives

IV

THE INSANE

The Province has shown a deep interest in the affairs of the insane and has been almost lavish in its expenditure to provide accommodation for patients requiring custodial care. Dr. MacNeill and his assistant, Dr. Campbell, at the Battleford Hospital for the Insane, are capable and enthusiastic administrators and have gathered about them a staff willing and anxious to do the most advanced work. During the war they were of course greatly hampered, but in spite of that carried on most courageously. The Canadian National Committee for Mental Hygiene, in conjunction with the Military Authorities represented by Major C. B. Farrar, visited this institution with the view of making an inspection and surveying the conditions surronding the military patients. The visit took place in December, 1918, and it is of interest to compare some of the notes made at that time with the present inspection.

December 21st, 1918.

"This morning we visited the Battleford Hospital for the Insane, an institution charmingly situated on the high ground overlooking the Saskatchewan river, on a site between the towns of North and South Battleford. It is a large institution well constructed, but so overcrowded that the officials cannot be expected to produce the best results. Overcrowding is noticed everywhere, and as this the only hospital for the insane in the Province, there is no immediate prospect of relief from the present situation. The Superintendent, Dr. MacNeill, was ill with Diphtheria, but we received every possible attention from his assistant, Dr. Campbell.

Ordinarily a staff of three physicians is employed, but owing to war conditions only two are at present on duty.

The population is made up largely of foreign born, indeed the Canadian admissions this year amount to only 29.50% of the total, and this proportion is about the average since the hospital was opened.

The medical staff at the Battleford Hospital shows a keen interest in the scientific study and care of their patients and the absence of excitement in the wards was to be explained largely by the fact that hydrotherapeutic treatment is employed intelligently and with good effect. No less than ten continuous baths are to be found in the hospital, and at the time of our visit they were nearly all occupied by restless patients. Something between forty and fifty hydro treatments per day are given, and the arrangements for the administration of different forms of spray douches and electric light baths are admirable.

Some restraint was in evidence, such as the use of camisoles and straight jackets, but Dr. Campbell informed us that it was not resorted to under normal conditions. The reduction of the staff owing to the war conditions and the overcrowding was responsible for the situation.

The whole building was carefully kept, and on the whole up to the mark when compared with similar institutions already visited.

The airing courts had the same objectionable features which have been referred to so frequently in other portions of the report on Western hospitals, but of course it is to be remembered that there are few trees of any size to be found in these communities.

The idea of gaol like airing courts is always repulsive and we are fully convinced that better results are to be obtained by a different method. This entails the engaging of a larger staff of nurses and attendants than has yet been found in any of the Western hospitals.

A dietitian is employed, an excellent pathological laboratory exists, and as soon as possible a competent pathologist will be appointed.

Lack of employment and suitable occupations were only too plainly in evidence, but again the outlook is somewhat hopeful, since during the past year one of the assistants was sent abroad to make a study of the occupational system and to learn what others are doing.

Nursing is not on any better basis than that found in many other Western hospitals, except that in Battleford the services of a general hospital trained nurse are available for the physically ill.

The amusements furnished the patients are many and well ordered.

The problem of the feebleminded has not received proper attention, and it was disturbing to find many idiots, imbeciles, and epileptics herded with the insane patients."

Many patients prior to admission to the hospital pass through the gaols at Regina and Prince Albert.

Since the foregoing lines were penned a great deal of water has run under the bridge, and there has been a revival of interest that is most pleasing. Our report in 1918 was on the whole laudatory, and it was considered that Battleford ranked high among Canadian institutions. At the present time its claim to pre-eminence is more than ever established. Those of us who have spent many years in connection with hospitals realize that an institution depends on something more than elaborate buildings for its success, and although Battleford is magnificently equipped in a material sense, yet it has a personnel in charge that would accomplish splendid things no matter how meagre and crude the surroundings. The criticisms made in 1918 no longer apply, and nearly all of the things complained of then have disappeared. True, the form of admission has not changed and gaol patients are received in large numbers, but it is evident that a better order of affairs in this connection will be instituted at an early date. No doubt voluntary admission will be arranged for, and it is hoped that the methods now so successfully followed in Manitoba, British Columbia, and Ontario will be adopted. This, of course, means the disappearance of the unfortunate detention of the insane in gaols.

It is realized that in a Province as large as Saskatchewan with its vast distances to be traversed, it is almost impossible to avoid delays in the transfer of patients to Battleford; at the same time there cannot, in our opinion, be any excuse for the perpetuation of a method of admitting the insane that is manifestly an anachronism.

Possibly the most outstanding feature of the work at Battleford is the development in occupational therapy—a line of treatment that produces the best results both with acute and chronic cases. An institution with its patients fully occupied is one that is easy to manage, and a happy home for its inmates. The variety of occupations can be extended with benefit and it may be found necessary to erect a special industrial building, which might include provision for amusement activities.

If this were done the one objectionable feature at Battleford, viz., the airing court, might be abandoned without difficulty. While it is true that climatic conditions in Saskatchewan make it difficult to do away with an airing court at certain times of the year, yet we hope to see the present eyesore disappear in due course. Airing courts smack too much

of gaol methods, and in a way defeat the object of their existence, as they are usually merely make-shifts for the convenience of the lazy among the employees. The superintendent and his staff discussed this point fairly, and will, if given opportunity, find a proper substitute for the bare and dreary apology for recreation grounds.

There are so many delightful and admirable features at Battleford that we hesitate to advance this criticism, but it is only fair to record the impressions received during the survey. It is a matter easily remedied.

Statistical Data Concerning The Provincial Hospital, Battleford. (Further Notes)

Buildings

There is a three story main building of brick construction, with two wings. In addition there are cottages for the staff, a power house and laundry, and provision for patients suffering from tuberculosis. The hospital was erected in 1914.

Number of Beds

There is a bed accommodation for 853 patients, 589 male and 264 female. 296 patients were admitted during 1919, and 168 were placed on parole.

Staff

The medical staff consists of the Superintendent, Dr. J. W. MacNeill, Assistant Superintendent, Dr. A. D. Campbell, Assistant Physician, Dr. Eric Brown, and Pathologist, Dr. W. S. Lindsay.

The Matron is Miss H. Jacques, Assistant, Miss J. Rogers, Head Nurse, Miss Walton. There are two graduate nurses for the hospital ward and the tuberculosis wing. Forty-nine female nurses and fifty-one male nurses are also employed.

Occupation

Patients are occupied in farming, making general improvements around the hospital, tailoring, mattress making, carpentry, basketry, bootmaking, toy making, fancy-work, etc.

FARM

The farm consists of 2,240 acres of which 800 are under cultivation. The live stock consists of 38 cows, 34 horses, 104 pigs, and 636 chickens.

HISTORY AND CASE TAKING

A complete history is taken up the admission of each patient. Daily notes are recorded for two weeks or longer, and then once a week for three months. In connection with chronic cases, progress notes are made once a year on the history form. Nurses report once a day to physicians concerning outstanding symptoms.

AMUSEMENTS

Dances and picture shows are given once a week. There is an institution orchestra. The amusement hall has accommodation for three hundred.

LIBRARY

A large library forms part of the equipment.

ADMISSION

Patients are admitted through the order of magistrates and by medical certificates. Many cases pass through gaol prior to admission.

HYDRO-THERAPY

Excellent provision is made for this form of treatment. There are 5 continuous baths for the men and 5 for the women, and in addition 1 electric bath.

PROBATION

Patients on parole report every week for six months. There is no provision, however, for home investigation or supervision.

WASSERMAN

A routine Wasserman forms part of the examination given each patient. 2% of all admissions show a positive reaction.

System of Inspection

There is no official inspection although the Inspector of Public Buildings visits the hospital at irregular intervals.

Parole on Grounds

10% of the patients are allowed the freedom of the grounds.

Tuberculosis

12 tubercular patients were receiving treatment in a special building. (June 1920.)

Classification Used

Kraepelin.

Nurses' Home

A separate building houses 17 nurses, and two residences are now in course of construction.

Operating Room, Etc.

An operating and dental room form part of the equipment. In addition, there is a morgue and post mortem room.

Sedatives

Veronal and Paraldehyde are used.

Fire Protection

There are 6 fire escapes and emergency fire equipment. Fire drill forms part of the routine.

SUICIDES

Only 2 suicides have occurred since the opening of the institution.

FEEBLE-MINDED AND EPILEPTIC

Many such cases are found in the hospital.

DINING-ROOMS

There is a general dining-room that is utilized for all patients except those who are refractory. For the latter, special provision is made.

The hospital authorities are to be commended for issuing and attractive booklet containing photographs and information about the institution. This pamphlet is sent to the friends and relatives of prospective patients, and is useful in emphasizing commendable hospital features. It helps to counteract a rather prevalent impression that a mental hospital is a species of gaol. A copy is attached, together with tables dealing with the diagnoses and nationalities of admissions during the year 1919-1920.

CLASSIFICATIONS OF ADMISSIONS—1919-1920

PROVINCIAL HOSPITAL

	Male	Female
Dementia Praecox	88	45
Dementia Praecox, Paranoid Type	11	5
Dementia Praecox, on Defective Base	2	2
Manic Depressive	14	8
Manic Depressive, Manic Type	0	1
Manic Depressive, Depressed Type	0	5
Senile Dementia	21	8
Pre-Senile Dementia	6	5
Feeble Minded	7	2
Idiocy	2	1
General Paresis of the Insane	7	1
Acute Mania	6	3
Recurring Mania	7	3
Acute Confusional Insanity	3	1
Chronic Alcoholism	1	0
Epilepsy	5	6
Acute Exhaustive Psychosis	3	1
Paralysis	0	1
Chronic Dementia	1	0
Arterio Sclerotic Insanity	1	0
Neurosis	1	0
Psycho Neurosis	1	0
Moral Defective	1	0
Puerperal Insanity	0	3
Schizophrenic Negativism	0	3
Melancholia	0	1
Paranoia	1	0
Petit Mal	1	0
Not diagnosed	0	1
	190	106

CLASSIFICATION OF NATIONALITIES OF ADMISSIONS—1919-1920

PROVINCIAL HOSPITAL

Country	Male	Female
Canada	61	32
England	28	16
Scotland	7	5
Wales	1	0
Ireland	2	3
United States America	24	20
France	4	0
Belgium	2	1
Russia	17	9
Norway	12	3
Sweden	3	1
Germany	2	2
Hungary	2	0
Poland	2	0
Finland	1	0
Denmark	1	0
Galicia	2	3
Italy	1	0
Austria	11	7
Switzerland	1	0
Iceland	2	1
China	4	0
Roumania	0	2
India	0	1
	190	106

V.

HOME FOR MENTAL DEFECTIVES.

GOVERNMENT INSTITUTION. UNDER DEPT. OF PUBLIC HEALTH.

Superintendent: Miss Kennard.
Assistant: Mrs. Forsythe.

INMATES.

In residence—37. Twenty-eight girls and nine boys, the oldest of whom is 14 years of age, and the youngest 18 months.

This institution is established in the old government buildings and is excellently managed. The patients are comfortable, well cared for and the few who are capable of development receive attention in school. Twelve girls and one boy were in the classes at the time of our visit, and the majority were doing kindergarden work.

A detailed report of 18 patients follows:

Case No. 1—Age 3—Defective.
Case No. 2—Age 23—Unmarried, has two illegitimate children. Mental age, 6 years.
Case No. 3—Age 24—Roumanian. Mental age, 6 years.
Case No. 4—Age 13—Canadian. Father and mother German. Mental age, 5 years.
Case No. 5—Age 18—U.S. Father and mother German. Mental age, 6 years.
Case No. 6—Canadian. Mental age, 4 years.
Case No. 7—Canadian. Mental age, 4 years.
Case No. 8—English. Age 22. Defective palate. Mental age, 5 years.
Case No. 9—Canadian. Age 59. Mental age, 4 years.
Case No. 10—Canadian. Age 16. Mental age, 7 years. Epileptic.
Case No. 11—English. Age 37. Mental age, 6 years. Epileptic.
Case No. 12—English. Age 14. Mental age, 6 years. Mother and father English. Defective palate. Mother insane.
Case No. 13—Canadian. Age 16. Blind. Imbecile. Does fancy work.
Case No. 14—English. Father and mother English. Imbecile. Destructive.
Case No. 15—Age 28. Imbecile.
Case No. 16—Age 10. Canadian.
Case No. 17—Imbecile.
Case No. 18—Age 28. Half breed; has illegitimate child. Defective.

VI.

JUVENILE DELINQUENCY

The problem of juvenile delinquency in Saskatchewan receives the consideration of the Department of Neglected and Dependent Children, juvenile courts, and the Boys' Detention Home, Regina. These organizations are hampered because of lack of assistance in diagnosing the abnormal, and in making provision for those of unsound mind. An added difficulty is emphasized by Mr. A. S. Wright, Honorary Secretary of the Children's Aid Society, Saskatoon, when he states in a recent report—"We still have no provincial institution, training or otherwise, for delinquent girls. It is not right. We are dealing every week with delinquent girls, and we can do little or nothing. In the case of a boy there may be the alternative of a farm, and most boys can get along and learn something there, but a girl who has to be taken charge of cannot well be placed on a farm. She will not readily do housework, and a store or office is unsuitable for many of them. For the class of girl who is called delinquent it is imperative that a training school of some approved kind be instituted in the province."

An account of juvenile courts and the Boys' Detention Home, Regina, follows.

JUVENILE COURTS

Juvenile Courts have not been developed in the Province to the extent that is desirable. Judge MacLachlan conducts an excellent court at Regina and other places. There is need, however, for the establishment of more, with facilities for psychiatric examination and competant parole.

A brief perusal of *typical court cases will show that the problems to be dealt with by the Judge are not only intricate, but that many are distinctly medical and psychiatric. It so happened that in our investigations we saw no less than four members of one family referred to, in three different institutions, and realized that if a skilled medical opinion had been obtained early in the day, the unpleasant things which had occurred might easily have been obviated by proper treatment. These detailed cases show in graphic manner the sort of thing met daily in juvenile courts, and it is not difficult to understand that in order to deal with them satisfactorily it not only requires time, patience and wisdom, but a deep knowledge of psychiatry and psychology.

The social service side of juvenile court work should also be widely developed, as without an intimate knowledge of home conditions and associations it is not possible to indicate in many cases the best line of treatment to follow. In other words, in order to get the best results the work of a juvenile court should be done carefully and deliberately by well paid officials who have time to arrive at sound conclusions. The slipshod methods of some courts where the crime rather than the individual receives the whole attention of the magistrate, cannot be too severely condemned. It was gratifying to find that Judge MacLachlan was not only conscientious and painstaking, but went to no end of trouble in making interesting and illuminating records. She has, however, to attenpt too much.

ACCOUNT OF TWENTY-FOUR TYPICAL CASES—JUVENILE COURT REGINA

1. Mother, 26. Has three children. 1 child born in wedlock (but all illegitimate). Had 1st child at 18. Claims to have had venereal disease. July, 1918, convicted of vagrancy and prostitution.

2. French-Canadian, born in Canada, January 20th, 1905. Grade III. Brought to Juvenile Court as neglected child. Mother arrested for vagrancy and immorality. Father returned soldier in hospital in Toronto. 2 brothers and 1 sister in Shelter for some time. One brother arrested for theft, December, 1919, sent to Industrial School, Regina. At that time mother fined $25.00 for receiving the stolen money from this boy. Immoral with mother's knowledge. Mother immoral.

*Account of twenty-four court cases is presented on pages 351–353.

3. Canadian. German parents. Born January 7th, 1905. Grade VIII. Reason in court: incorrigibility. Sent to Salvation Army Home, Winnipeg. After leaving school at Grade VIII. went to business college. Abnormally bright, but untidy and irregular. Would not recommend her for work. Threatened to commit suicide if not allowed to see a certain boy. Says mother and sisters are down on her.

4. American, born April 15th, 1903. Reason: immorality, bad home. Sent to Calgary Social Service Home. Immoral; disorderly house. Received 50 cents to $2.00. Frequented Chinese restaurants.

5. English. Born May 1st, 1904. 5 in family. Grade IV. Reason: immorality, bad mother. Out late, dance halls, drinks. Mother and daughter immoral with same man. Mother had illegitimate child while husband was overseas. After birth of child was in Hospital for Insane for a short time. Child died. IV. grade at school. Probation.

6. Canadian. Born July 14th, 1906. German parents. Grade II at school. Reason: damaged threshing machine. Brother feeble-minded. Distinctly feeble-minded. Recommendation: probation.

7. Half-breed, Canadian, born July 20th, 1905. Grade III. Reason: beyond control of parents, running streets. Parents drunkards; bad home. Stays out all night. Father has been in jail for drinking. Eldest sister, drunkard, has been in jail; married, but does not live all time with husband.
Made ward of Children's Aid Society.

8. Canadian, born October 3rd, 1908. Grade III. Reason: interfering with switch (put spikes in it). Mother and father feeble-minded. He put spikes on switch "just to see the train run off the track."

9. Canadian, half-breed, born 1905. Grade III. Reason: theft from Shelter. Steals money himself or induces the other boys to steal it. Untruthful. Stole $10 and wore it in stocking. See other history.

10. French-Canadian, born 1904. Grade II. Mother dead. Reason: theft of jewellery and other articles to amount of $200.00. Sent to Convent of Sisters of Charity Refuge.

11. Born in Canada, August 1909, of Ruthenian parents. Grade II. Reason: assault causing bodily harm. Sent to Industrial School, Regina. Hit girl with his fists and lunch-pail, knocking her unconscious. (Was quarrelling with girl's brother). Very quarrelsome.

12. Polish, born in Austria, May 20th, 1904.
Reason: forged cheque for $200. Sent to Industrial school. Is a bright boy.

13. Born in Roumania on November 28th, 1904. Reason: theft, 4 charges, of jewellery and clothes.

14. Born in Canada, April, 1904. Parents Irish. Grade III. Father deserted family—drunkard. Reason: incorrigibility. Placed in various Homes; could not keep position, owing to incorrigibility. At 11 years of age began running around with boys. Is an illegitimate child. Industrial School.

15. Born in Canada, December 10th, 1906. Grade II. Very backward at school. Reason: theft of pair of boots and skates. Sold skates for $1.50—to go to rink. Recommendation: probation.

16. Born in Canada, May 1905. Grade IV. Teacher reports that he could not learn. Reason: stole boots and skates. Was placed on farm.

17. Born in Canada, December, 1905. Doukhobor. Grade IV. Ran away from home. Forged cheque for $59.00. Has been 5 or 6 times in British Columbia Detention Home, also in Industrial School, Vancouver, for 2 years for theft, truancy and stealing horses. Brother also in British Columbia Industrial School. Sent to Regina Industrial School.

18. Austrian. Born December, 1905. Grade VIII. Bad home training. Repeater in court, for theft, truancy and vagrancy; damage to property. Is a roamer and holds a job two or three days. (One place 2 weeks.) Untruthful. Recommendation: Industrial School.

19. Canadian, born November 16th, 1904. Mother left second husband, as he did not support her. Reason: neglect. Bad companions. Mother: telephone operator (day). Is telephone operator (night). Sleeps, and will not answer phone. Will not eat at home—goes to restaurants. Earns $65 per month, spends all on clothes and meals. Paid $20.00 for blouse. Question of immorality. Recommendation: probation.

20. Polish, born in 1911. Grade I. Reason: theft of money—two charges. Parents are most ignorant and degraded in foreign element. Boy had defective speech. All signs of feeble-mindedness.
Diagnosis: feeble-minded. Recommendation: probation.

21. Born November, 1907. Never went to school. Has stolen clothing, eatables, and money, e.g.: (1) Stole salt. (2) Took Stetson hat and hid it under bed. (3) Untied pony and set it loose. Diagnosis: feeble-minded.

22. Born in United States. Theft from Regina Trading Store. Grade IV. returned to parents.

23. Canadian, born July, 1906. Grade I. Reason: arson. Set fire to stable, in 1919. Diagnosis: distinctly feeble-minded. Recommendation: Industrial School.

24. Polish. In November, 1918, was made Ward of Children's Aid Society for stealing in a store. Comes from troublesome family. Eldest brother was in Portage la Prairie Institution and ran away. John ran away from Shelter on one occasion. After that became involved in a petty theft and store breaking. Father has been in jail for theft. Lad is bright. January, 1919. Broke into cigar stand and stole tobacco and cigars. Ran away from home; sent to Detention Home. Left there for training, owing to home. Family nuisance.

BOYS' DETENTION HOME—REGINA.

Superintendent: Mr. A. Houston.
Matron: Miss K. Hedley.
Chief Attendant and Physical Director: Mr. J. Ashton.
Accommodation: 85 boys.
Present number in residence: 44 boys.

SOURCE OF CASES.

Juvenile and adult courts. Boys are sent from all parts of the province.

ORGANIZATION, ETC.

The present building was erected in 1890 for the purpose of an Indian Industrial School, but has been utilized as a Detention Home since January, 1919. Previously a number of delinquent children from Saskatchewan had been sent to the Industrial School at Portage la Prairie, Manitoba.

The Home is under the jurisdiction of the Provincial Department of Neglected and Dependent children. This department came into existence in 1908, and among other duties receives children through the court, provides foster homes, and supervises children under its care.

BUILDINGS, ETC.

The building is of brick construction, and contains a classroom, dormitories, diningroom, amusement room (gymnasium), offices, etc. It is located on 83 acres of land of which seven are under cultivation as a truck garden. Several frame houses are located close to the Home. Two might be remodelled and converted into industrial shops and the third utilized as a residence for the Superintendent.

AGES OF BOYS.

The boys range in age from eleven to twenty. The average length of commitment is eleven months, although for the greater part the sentences are indeterminate.

SCHOOLING, ETC.

Most of the boys in residence attend school. There are no facilities for the teaching of trades, although the Superintendent was desirous of securing apparatus for instruction in telegraphy, and hoped that industries would be developed in due course. The boys receive a thorough physical training and, from the standpoint of health, are in a splendid condition — a pleasing contrast to the situation found in many Detention Homes.

All the inmates were well-kept, and appeared cheerful and happy. Their deportment was sufficient proof that the influence of those in charge was of the highest character. It was pleasing to note that there were no bars or bolts, and that discipline was being maintained by kindly methods.

Mental Examination.

Each boy was investigated from the mental standpoint and of forty boys twenty-three were discovered to be abnormal.

59% Abnormal Mentally.

Of the abnormals fifteen were classed as high grade defectives and three as psychopathic (presenting pronounced character defect). In other wards 59% of the boys were abnormal mentally—a percentage that corresponds to findings in similar institutions in Canada and the United States.

The offences of the abnormal were as follows:

Theft	12
Incendiarism	1
Truancy	3
Vagrancy	2
Attempted murder	3
Forgery	1
Attempted rape	1

Accordingly to nationality the abnormals were grouped as follows:

Canadian	3
Half-breed Indian	3
American	6
English	2
Austrian	1
Russian	1
Canadian of English extraction	3
Canadian of Russian extraction	2
Canadian of German extraction	2

In the chapter dealing with recommendations consideration will be given to the work of the Detention Home and the advisability of segregating the abnormal from the normal.

A detailed account of mental examinations follows:

Case No.	Age	Nationality	I.Q.	Diagnosis	Notes
1	16	Canadian....	85	Defective....	Neurotic, manneristic, fidgety, without sense of responsibility, attempted murder and safe-breaking.
2	15	Canadian....	70	Defective....	Theft.
3	14	American....	73	Defective....	Gets in violent passions, attempted to shoot a man.
4	12	English.....	70	Defective....	Cyanosis. An institution case.
5	18	American....	70	Defective....	Dull facial expression, epicanthis.
6	17	American....	70	Defective....	Attempted rape.
7	13	American....	70	Defective....	Persistent thief.
8	16	Austrian...		Defective....	Persistent thief.
9	14	English.....		Defective....	Poor physique, pathological liar.
10	14	Indian.....	70	Defective....	Very bad family history.
11	19	American....	65	Defective....	Manneristic, psychopathic, father alcoholic, housebreaker.
12	16	Canadian....		Defective....	Has little or no moral sense. Bad family history.
13	13	American....	70	Defective....	Dull facial expression, thief.
14	15	Half-breed Indian	65	Defective....	Dull facial expression, housebreaker.
15	13	Half-breed Indian	65	Defective....	Attempted to kill man with an axe. Stolid facial expression, without refinement of features.
16	14	Canadian...	70	Defective....	Repeated offences. Projecting ears. Stupid facial expression.
17	13	Canadian....	70	Defective....	Projecting ears, restless, unstable, easily moved to tears.
18	14	Russian....	70	Defective....	Theft, repeated offences.
19	15	American.	70	Defective.	Theft.
20	12	Canadian.	70	Defective....	Truancy.
21	13	Canadian.	70	Defective	Truancy.

VII.

CRIME

The gaols at Regina and Prince Albert were visited and a number of mental examinations made. Twenty-four definite cases of mental abnormality were found. No doubt a routine investigation of each case would demonstrate a high incidence of mental unsoundness.

Careful studies show the necessity of the psychiatric examination of prisoners and the provision of suitable care and training for those who deviate from the normal. In the absence of such facilities, the Province sustains great losses because the individuals under consideration belong for the most part to the recidivist class. The repeating of crime naturally entails great expense in connection with courts and gaols.

Before submitting data concerning the gaols at Regina and Prince Albert, an extract from a report of the activities of the Psychiatric Clinic at Sing Sing Prison is presented. It contains illuminating information about the mental status of an average group of prisoners.

"1. Of 608 adult prisoners studied by psychiatric methods out of an uninterrupted series of 683 cases admitted to Sing Sing Prison within a period of nine months, 66.8 per cent were not merely prisoners, but individuals who had shown throughout life a tendency to behave in a manner at variance with the behavior of the average normal person, and this deviation from normal behavior had repeatedly manifested itself in a criminal act.

2. Of the same series of 608 cases, 59 per cent were classifiable in terms of deviations from average normal mental health.

3. Of the same series of cases, 28.1 per cent possessed a degree of intelligence equivalent to that of the average American child of twelve years or under; of the ninety-eight native-born defectives, 80.6 were recidivists in crime, whose average number of sentences to penal or reformatory institutions was 3.5; and 85.7 per cent of the group will have been returned again into the general community within a period of five years.

4. Of the 608 cases 18.9 per cent were constitutionally inferior, or psychopathic to so pronounced a degree as to have rendered extremely difficult, if not impossible, adaptation to the ordinary requirements of life in modern society. This lack of capacity for adjustment is reflected, on the one hand, in the fact that of the ninety-one native born in this

group 86.7 per cent was recidivists in crime, whose average number of sentences to penal or reformatory institutions was 3.9, and on the other hand, in the fact that a very significant number of them have been total economic failures thus far. Furthermore, 82.4 per cent of these cases will have been discharged again into the general community within a period of five years.

5. Of the 608 cases 12 per cent were found to be suffering from distinct mental diseases or deteriorations, in a considerable number of whom the mental disease was directly or indirectly responsible for the antisocial activities."

REGINA GAOL

Warden: Mr. F. Kennedy.
Gaol Surgeon: Dr. V. E. Rothwell.

BUILDING

The gaol building is a modern structure—erected in 1913—and situated 6 miles from Regina. The farm of 640 acres is cultivated by the prisoners.

INMATES

There is accommodation for 138 prisoners, with a present population of 116. They range in age from 16 years up.

COMMITMENT

The length of commitment extends to two years, less one day.

OCCUPATION

During the summer months approximately 40% of the prisoners are occupied on the farm. In addition to the tilling of the soil, the horses, cattle, sheep, and hogs are cared for. There are no facilities for the teaching of such trades as carpentry, boot making, etc.

INSANE

In the past many cases of insanity were cared for in the Regina Gaol prior to their commitment to Battleford Mental Hospital, but arrange-

ments are being made for the accommodation of these patients in the new Government Building, Cornwall Street, Regina. While in gaol excited cases of mental disease were placed in restraint because of the lack of hospital equipment.

PRISONERS AWAITING TRIAL

At the time of our visit a considerable number of prisoners were awaiting trial, and it was learned that some would be held for a period of six months before a definite disposal was made of them. There are no facilities at present for these men to get the benefit of open air exercise. This seems to be an unnecessary hardship and it was learned with gratification that the warden, Mr. Kennedy, had recommended the construction of a walled yard. Such a policy meets with our hearty approval.

VENERAL DISEASES

A routine Wassermann test is made of all the prisoners, and the results of two hundred examinations show that 8% are syphilitic.

INDIVIDUAL EXAMINATIONS

1. Aged 26 years. Canadian. Charged with theft. Marked speech defect. Is highly neurotic. Diagnosis: psychopathic personality.

2. Aged 28 years. Russian. Years in Canada, 6. Charged with theft. Diagnosis: mental defective.

3. Aged 30. Canadian, single, farmer. Came from Ontario two years ago and was arrested for vagrancy. Diagnosis: mental deficiency plus dementia praecox.

4. Born in United States. Had many hallucinations and autochthonous ideas; evidently a case for immediate deportation.

5. Russian. Diagnosis: mental defective.

6. Aged 24 years. Murderer. Evidently a case of hebephrenic dementia praecox.

7. Aged 27. Murderer. Distinctly insane. Diagnosis: paranoid dementia praecox.

8. Diagnosis: mentally deficient.

9. Aged 19 years, born in Poland. In Canada 12 years. Incarcerated in gaol because he ran away from the Detention Home. Has a long criminal history of theft, housebreaking, etc. Has had five years' schooling and reached third grade. Poor eyesight, high arched palate. Mental age 9 years. Diagnosis: mental defective. Recommendation: institution for defectives.

The following is a detailed history of this boy's court record:—

Examined by Dr. C. M. Hincks, at Regina Gaol. Age 19. Came to Canada 12 years ago. Nationality, Polish; father Galician. Religion: Roman Catholic.

Environment: very squalid home consisting of two rooms, one given over to calves and fowl, the other used as living room, dining room, bedroom, etc. Sleeping accommodation very poor—one couch and two bags on floor, apparently filled with straw. There are two other children at home.

School Record: 1st grade. Illiterate.

Previous history: from 1911 until first commitment in 1914 he was guilty of a series of "wilful mischevious deeds" such as stealing a watch and hiding it, taking farm tools and throwing them in sloughs, etc. The neighbours considered him a nuisance and parents could do nothing with him. In November, 1913, had been sentenced to two years suspended sentence (with brother) for housebreaking.

Aug. 6, 1914	Arrested for theft of horse and buggy.
Aug. 22, 1914	Made ward of Children's Aid Society owing to previous record.
Aug. 29, 1914	Sent to Industrial School, Portage la Prairie.
May 14, 1915	Transferred to Wolseley Detention Home, Sask.
Feb., 1916	Released from Detention Home and allowed to go home.
Oct. 15, 1917	Sentenced to Wolseley Detention Home.
June 21, 1918	Released from Detention Home and placed on a farm.
July 9, 1916	Stole horse from employer.
July 13, 1918	Sent back to Detention Home.
Oct. 2, 1918	Stole watch and chain from employer (was allowed to go to a nearby farm to work).
Nov. 4, 1918	Ran away from Detention Home and was located with horse and buggy which belonged to employer from whom he stole the watch. Sent back to Detention Home.
June 2, 1919	Ran away from Detention Home. Located one mile away hiding in a straw stack.
Sept. 27, 1919	Ran away. History says he broke into house, stole food, saddled best horse on farm, secured suit-case full of jewellery and clothes. Was caught hiding in hay mow. Was allowed to remain out of Detention Home on trial.
Oct. 17, 1919	Stole horse from livery.
Oct. 22, 1919	Taken back to Detention Home.
Nov. 24, 1919	Allowed out on suspended sentence with father.
Mar. 9, 1920	Ran away from home and refused to return.
Mar. 19, 1920	Arrested.
Apr. 15, 1920	Sent to Boys' Detention Home, Regina.
May 30, 1920	Escaped and stole horse, saddle, and bridle. Traded it for $5.50, a calf, and a work horse. Took the money and the work horse and asked the dealer to ship the calf to Regina Beach. Arrested and handed over to police.
June 19, 1920	Sentenced to Regina Gaol. Record states that this boy has been considered feeble-minded since his first arrest in 1914.

It is apparent that the prisoners at the Regina Gaol should be submitted for examination by a well qualified psychiatrist. It was regretted that no less than 47 insane were confined here temporarily during the last year. Such effect as this adds to terrors of the people who are confirmed in the idea that insanity is a crime rather than a disease.

NATIONALITY OF PRISONERS, 1919-1920

Canadian	137
Austrian	61
American	81
Russian	31
English	22
French-Canadian	18
Scotch	14
German	8
Norwegian	7
Irish	7
Swede	7
Indian (Treaty)	9
Italian	6
Chinese	5
African	4
Roumanian	2
Hungarian	3
Polish	3
Belgian	3
Australian	1
Welsh	1
Swiss	1
Finland	1

PRINCE ALBERT GAOL

Warden: C. F. MacGregor, Esq.
Matrons: Mrs. Marion, Mrs. Eldridge.
Accommodation: 48.

At present 22 women are in custody.

SOURCE OF CASES

District south of Hanley, East Wadina, West Lloyd Minister. Women received from all parts of the province.

FUTURE PLANS

The gaol will be moved shortly to a building four blocks away and in addition a gaol farm is being developed six miles from Prince Albert. Under the new arrangements there will be accommodation for 200—150 men, and 50 women.

CASES REMOVED TO ASYLUM

During the last year 16 men and 5 women passed through the gaol before admission to the Battleford Provincial Hospital.

WASSERMAN

The following are the first results of Wasserman tests:

Women—12 positive reactions, 16 negative.
Men—1 positive reaction, 20 negative.

MENTAL EXAMINATION

A mental examination of a number of prisoners demonstrated that 15 were defective. Details follow.

Case	Sex	Age	Nationality	Diagnosis	Notes
1	F.	18	Canadian	Defective	Immoral since 16, has venereal disease.
2	F.	19	American	Defective	Venereal Disease.
3	F.	27	French	Defective	Uneducated, was a waitress, arrested for immorality and selling liquor.
4	F.		Canadian	Defective	Never went to school, cannot read or write, not living with husband, immoral.
5	F.	19	Canadian	Defective	Immoral since 14 years of age, was waitress in confectionery store.
6	F.	22	American	Defective	Housemaid. Arrested on charge of theft and immorality.
7	F.		Russian	Defective	Married in 1908, divorced. Married in 1919, left husband, charged with immorality and theft.
8	F.	31	American (Colored.)	Defective	Immoral.
9	F.	24	Canadian	Defective	Arrested for smuggling cocaine and morphia, immoral.
10	F.	23	Canadian	Defective	Drug habitue. Immoral since 16. Nervous type. Spasmodic tachycardia.
11	F.	23	Canadian	Defective	Waitress, immoral.
12	F.	40	Scottish	Defective	In Canada 17 years. Married 16 years ago and lived with husband one day. Has been consorting with another man for 14 years. She has had 10 illegitimate children. Chronic alcoholic. Appeared in Winnipeg court on 90 occasions. Has been in Prince Albert Goal 9 times.
13	M.		Russian	Defective	Third time in gaol, cannot read or write or make simple change. Indecent exposure and drunkenness.
14	M.		English	Defective	Theft.
15	M.	19	Russian	Defective	Charged with murder. Never got beyond first grade at school.

PRINCE ALBERT GAOL

Nationalities	June 18th, 1919		
	Male	Female	Total
American	51	13	64
American Half-Breed		2	2
Austrian	55	8	63
African (South)	1		1
Belgian	2		2
Bohemian	1		1
Canadian	88	7	95
Canadian Half-Breed	13	6	19
Dutch	1		1
English	22	5	27
French	2		2
Greek	1		1
German	6	2	8
Hungarian		1	1
Canadian (Indian)	2	1	3
Canadian (Half-Breed)	2		2
Irish	7	1	8
Jew	1	1	2
American		2	2
American (Negro)	3	4	7
Norwegian	4	1	5
Polish	2		2
Roumanian		1	1
Russian	26	1	27
Scotch	3	2	5
Swede	1		1
Syrian	1		1
Ukrainian	1		1
	296	58	354

VIII.

ILLEGITIMACY

The relationship that exists between illegitimacy and mental abnormality is intimate. Investigations that have been conducted by the Canadian National Committee for Mental Hygiene into the mental status of over 700 unmarried mothers in various parts of Canada have demonstrated that over 50% are mentally deficient. The cases reviewed were those seeking medical care in public maternity hospitals.

Since heredity is of great inportance as a causative factor of mental abnormality it is prudent to subject unmarried mothers to a psychiatric examination and to provide special facilities for their care. In some cases it will be necessary to place them in institutions for a considerable period and others will require careful supervision in the general community.

The data collected with regard to illegitimacy in Saskatchewan was meagre but significant. The statement was made by Captain M. Forest of the Salvation Army Home, Moose Jaw, that in her judgment 40% of the unmarried mothers passing through the Army Home were defective.

An account of the W. C. T. U. Home, Saskatoon, and the Salvation Army Home, Moose Jaw follows.

W. C. T. U. MATERNITY HOME, SASKATOON, SASK.

Superintendent: Mrs. Sproule.
Accommodation: 7 patients.

EQUIPMENT, ETC.

This Home was the private residence of Mrs. Sproule, the superintendent, and it was interesting to note that her services were given gratis because of her devotion to philanthropic work. The institution did not present the appearance of a hospital, but rather that of a quiet, dignified private home.

FUNCTION

Practically all cases cared for come within the group of umnarried mothers. From May, 1919 to May, 1920, 33 of this class received attention. The ages of the patients ranged from 14 to 45, but for the most part they were young girls, many 17 and 18 years old. They are detained as a rule for a month, and are not particularly urged to continue maternal nursing of their infants. Early adoption is often practised.

MAINTENANCE

The city of Saskatoon makes an annual grant of $1200. This amount together with personal gifts and the revenue from pay patients sustains the organization. Girls who can afford the expenditure pay $25 for two week's care and $5 per week for pre-natal attention.

Nationality, Occupation, Etc

The majority of the girls receiving attention are of the domestic and waitress class. According to nationality the last 28 patients in the Home were classified as follows:

British	9
Canadian	9
American	3
French	2
German	3
Russian	2

Mental Examination

At the time of inspection, June, 1920, five patients were resident in the Home—all pay cases. These individuals presented no marked signs of mental abnormality.

Similar studies in other Provinces have shown that mental deficiency and illegitimacy are closely related and no doubt the fact that five patients referred to in the W. C. T. U. Home were self-supporting accounts for the unusual finding. All had been victims of unfortunate circumstances. Two sad cases in particular were public school teachers.

SALVATION ARMY HOME—MOOSE JAW

Superintendent: Brigadier Potter.
Acting Superintendent: Captain M. Forest.

Function

The Home is conducted by the Salvation Army particularly for the care of unmarried mothers and their babies. Preventive and follow up work with regard to illegitimacy forms an important part of the progress of the institution. During the last year twenty-three cases received attention, and were referred for the following reasons:

Unmarried mothers	16
Theft	1
Immorality	1
Feebleminded	2
Alcoholic	1
Deserted by family	1
Preventive measure	1

The nationalities of the above 23 cases were as follows:

American	5
British (Eng. & Scot.)	5
Austrian	1
Belgian	1
French	1
Canadian	10

ACCOMMODATION, ETC.

The Home has accommodation for ten patients and presents the appearance of a private dwelling. Maternity cases receive obstetrical care in the General Hospital.

MENTAL ABNORMALITY

Capt. M. Forest stated that in her judgment approximately 40% of the unmarried mothers cared for in the Home were mentally defective. In June 1920, 6 patients were in residence and 2 were obvious cases of feeblemindedness. Another patient receiving obstetrical care in the hospital was also mentally deficient.

IX

NEGLECTED AND DEPENDENT CHILDREN

Saskatchewan has a Department of Neglected and Dependent Children that is responsible for commendable activities. Mr. J. F. Reynolds, the superintendent, and those associated with him have devoted themselves whole-heartedly to their difficult task. That much has been accomplished is indicated by the fact that prior to April, 1919, 5,146 cases received consideration. In 1919, 729 were under supervision in foster homes, 398 with parents or relatives and 129 in institutions and shelters.

A few extracts taken from a recent report of the Superintendent indicates something of the nature of the work.

"The principal activities coming within the scope of this department are in the administration of 'an Act for the protection of neglected and dependent children' which briefly explained are as follows: Fifteen reasons are set forth why children may be apprehended without warrant and taken to places of safety by any officer, probation officer, constable or

policeman. Children sixteen years of age and under, may be taken before a judge and forcibly removed from the custody of parents or guardians, and placed in the custody of the Superintendent or the officials of Children's Aid Societies until they are twenty-one years of age. A judge means a judge of the king's bench or district court, or a police magistrate appointed as a judge of the juvenile courts, or two justices of the peace. When children are committed, they are placed in one of the Children's Aid Societies' Shelters for the purpose of observation, and until foster homes may be found for them. Occasionally it is found a child may be better provided for or corrected by placing it in a Detention Home which may be effected upon an order of the Attorney General.

"Children are placed in detention homes for an indeterminate period and when it is found they have received sufficient instruction and training to allow of their being placed in a private home, they may be allowed to go to a foster home on probation, or if the condition of their own home is found to be satisfactory, they are allowed to return there.

"The greater portion of the younger children are found foster homes shortly after being taken in hand, and placed out on an agreement between the foster parents and the Superintendent, as it is not anticipated by the Act that they shall remain in institutions longer than is actually necessary. These agreements are of three kinds, one which is styled a foster agreement, provides for the practical adoption of the child without any stipulation as to remuneration, and is particularly suited to the very young child who has become a member of the family. The older child agreement provides particularly for the schooling and training of the child with a small remuneration, and the third agreement for the child who is beyond compulsory school age, or who is found cannot be induced to continue school and is placed on a monthly or yearly salary.

"All of the salary earned by such children after providing for the necessary clothing is forwarded to the department and deposited to the credit of the child in his or her own name in a bank in trust by the Superintendent. At present we have two hundred such accounts with a total of over seventeen thousand dollars and when children become of an age when they are allowed to do for themselves and when they are in need of funds for any specific reason to invest for themselves, this money is handed over to them. The foster homes are regularly inspected by inspectors employed for the purpose and every detail of the home surroundings gone into and reported on, including private interviews with the ward to ascertain if there is anything wrong or if any dissatisfaction exists. While foster homes are carefully selected, it is needless to say that some may be found to be unsuitable for the particular class of child placed, and some homes may, on account of changed conditions, become

unsuitable when it is found necessary to remove the child. It is remarkable, however, how few of these cases we have to deal with and as the Act provides a penalty for any person, who having the custody of a child ill-treats or neglects it, there is ample provision for its welfare and safety.

"With the divisions and classifications of human socirty and the unrest of child life, it is not to be expected that by placing children in foster homes, our duty ceases, and our work lies largely in listening to and corresponding with wards who have their troubles, and foster parents who have the faults of children to put up with. These conditions in the case of older children particularly, make it necessary that they be moved occasionally, and with the numbers handled in this department it means a continual arrangement of transportation and escorts. There are occasions too, where the child will get out of hand or become so unruly that it is necessary to remove it from a foster home, to serve a time in the detention home, when it is again tried out in the same or some other foster home."

NEGLECTED AND DEPENDENT CHILDREN

A study by the Canadian National Committee for Mental Hygiene of the children in the Children's Aid Shelters in Moose Jaw, Regina, and Saskatoon and in the Baby Welfare Home, in Saskatoon, revealed the fact that a number were mentally deficient. These children were in need of specialized training and were not suitable for adoption. They furnish a further argument for the establishment of training schools for mental defectives.

A report of institutions caring for dependent children follows.

CHILDREN'S AID SOCIETY SHELTER, SASKATOON, SASK.

MATRON: MRS. CROSS

The shelter is situated about four miles from the city of Saskatoon on fourteen and a half acres of land. It consists of one main house with accommodation for 24 children, and one cottage for 5 boys.

There were fourteen children in the Shelter at the time of the visit, and ranged in age from 2 to 18 years.

All the children of suitable age attend one of the schools. In addition they perform duties such as dusting, bedmaking, mending clothes, darning, etc. On the property, in connection with the Home, two cows and many chickens are kept; these supply the children with fresh milk and eggs.

In ten years a doctor has never been required to call. Every child is medically examined by Dr. Wilson before entering the Home.

During the past year seventy children have been passed through the Shelter. This Home is the only place for children awaiting trial from the Court in Saskatoon.

MENTAL EXAMINATIONS

Thirteen children were examined from the psychological standpoint, and three were found to be definitely mentally deficient. Four others are deserving of careful observation.

An outline of seven cases is submitted.

CHILDREN EXAMINED

1. Age 11. Scotch, in Canada two years. Mother supposedly mentally defective and immoral. Never went to school till five weeks ago. Mental age 7. Mental defective. Should be in an institution for Mentally Defective Children.

2. Age 11 years. Irish. Father a farmer. Mental age 7½. Dull. Mental action slow. Comprehension poor. High palate. Mentally defective. I.Q. 74. Needs care in an institution for Mental Defectives.

3. Is mentally defective. Father illiterate. Incompetent to bring up children. Family of thieves.

4. Age 7 years. High narrow palate. Epicanthus. Defective ears. Mental age 7. Apparently normal, but of poor mental and physical stock.

5. Age 3 years. High palate. Dull. A symmetrical head. Too small for any opinion.

6. Age 4 years. Thin; malnutrition; bad tempered; shy. Annoys other children. Peculiar shaped head. Father hanged for murder one year ago. Too small for definite opinion.

7. Age 3 years. Mother in Battleford. Abnormal shape of head, a symmetrical, protruding occiput; malformed ear, bites nails. Has a very bad temper. Too young to express definite diagnosis, but does not appear to be a normal child.

SHELTER OF THE CHILDREN'S AID SOCIETY, MOOSE JAW, SASK.

President: Mr. Arthur Hitchcock.
Secretary: Mrs. W. B. Spotton.
Matron: Miss R. L. Laughton.

ORGANIZATION

The Moose Jaw Children's Aid Society was organized in 1910 and the present shelter was built in 1919.

FUNCTION

The Shelter serves as a clearing house for neglected and dependent children. A certain proportion of those cared for are government wards and suitable cases are placed out for adoption. Many children come from homes that are in a state of temporary distress, and a goodly proportion of these are returned to their parents when home conditions are satisfactory.

BUILDING, EQUIPMENT, ETC.

The Shelter is a thoroughly modern structure, beautifully situated on the brow of a hill overlooking the city. Pains have not been spared to make the institution most attractive and home-like. The dining room, kitchen, dormitories, etc., are well lighted and splendidly planned. Each dormitory has accommodation for six beds. An isolation ward with four beds forms part of the equipment. The playground is spacious, has sand piles, swings, etc.

ACCOMMODATION

The Shelter has capacity for seventy children, and fifty-two are at present in residence. (June, 1920). Between Feb. 1st, 1919, and Feb. 1st, 1920, ninety-two children were admitted. Of these twenty-four were returned to their parents, and twenty-eight were made Government wards. The twenty-four referred to, were mostly soldiers' children who were being cared for until their parents could make adequate provision for them. During the year fourteen children were adopted and two placed in positions in the city of Moose Jaw.

MAINTENANCE

The erection of the Shelter involved an expenditure of $50,000, of which the city of Moose Jaw subscribed $25,000 through the issue of debentures for the purpose. Furnishings were supplied largely through public philanthropy. Many church clubs and other organizations under-

took to furnish individual rooms and to maintain cots, and maintenance is provided entirely through private gifts. The latter includes the donation of food, clothing and money. It is interesting to note that the school children of Moose Jaw gave last Easter 315 dozen eggs—each child was asked to give one egg. On other occasions the children have given fruit or vegetables, and it is surprising to learn of the large quantity of material that has been donated in this way.

Attendants

The matron is a trained nurse and aside from the assistance of a charwoman, conducts the work of the shelter with the aid of the older girls under her care. The latter receive some remuneration for their work.

Schooling

In June, 1920, forty children were attending a nearby public school. The remainder (twelve) were either below or above school age.

Juvenile Court Quarters.

One room in the Shelter is set aside for Juvenile Court Purposes. This Court is presided over by Judge Lemon. Two detention rooms are available for the custody of delinquents and these latter children are thus kept apart from others in the Shelter.

Mental Examinations.

Of the fifty-two children cared for in the Shelter nine were discovered to be mentally abnormal—17% of total. Four of these children were mentally deficient and were obviously more suited for care in an institution for mental defectives than in the Shelter. Brief notes concerning the abnormal children follow.

Case	Age	Diagnosis	Recommendation	Notes
No. 1.	16	Mental defective..	Institution for mental defectives	When 15 years of age had twins. *Father of children was her guardian. Plays with children younger than herself. Mental age approximately 10.
No. 2.	6	Mental defective	Institution for mental defectives	An illegitimate child. Cannot dress herself; dull, high arched palate, stupid facial expression. Mental age between 3 and 4.
No. 3.	11	Mental defective.	Institution for mental defectives	Mental age 6½ years.
No. 4.	19	Dementia Praecox plus mental deficiency	Institution for mental cases	Hears voices at night, gets depressed, used to be excitable. Has lost interest in outside things; difficult to concentrate. Bad tempered. Mental age approximately 11.
No. 5.	7	Psychopathic....	Special medical supervision	Father and mother insane. Quiet, sly, mischievous, will not mingle with other children.
No. 6.	5	Psychopathic	Special medical supervision	Father and mother insane. Peculiar behaviour. Will not co-operate with guardians.
No. 7	3	Psychopathic	Special medical supervision	Father and mother insane. Peculiar behaviour. Uncommunicative.
No. 8.	7	Borderline.....	Special class at school	Mental age between 5-6. Manneristic. Parents immoral. Backward at school.
No. 9.	6	Borderline.	Special class at school	Peculiarly shaped head. Rather stupid.

*The truth of this assertion was not verified.

RECOMMENDATIONS.

The study of the children in the Shelter revealed the need of a specialized institution in Saskatchewan for the care and training of defectives. The matron of the Home realized the undesirability of mixing the feeble-minded with normal children.

The notes in connection with case No. 1 demonstrate the need of safeguards to prevent the future placing out of children in undesirable homes where morals are endangered. It was learned that the Children's

Aid Society of Moose Jaw had no adequate machinery for inspecting foster homes, and of thus protecting the interest of their charges.

SHELTER OF THE CHILDREN'S AID SOCIETY—REGINA SASK.

President: Mr. George Gamble.
Matron: Miss Lyne.
Accommodation: 30 children.

The Children's Aid Shelter at Regina is a spendidly conducted organization. The building is modern and homelike, and the children receive every care and attention.

Among the 30 Inmates in June, 1920, 18 were wards of the Government.

The children were submitted for a mental examination, and it was discovered that several were mentally deficient. For the most part, however, the children were of a fine physical and mental type.

BABY WELFARE HOME—SASKATOON

Mentally Deficient Babies

Matron: Miss Cornish.

This institution was caring for 29 babies at the time of inspection, (June 14th, 1920). 25 of these children were illegitimate. One was 18 months old who had made no attempt to walk or talk and who was able to sit up alone a week ago for the first time. This infant presented many stigmata of degeneracy and was probably mentally deficient.

X

IMMIGRATION

The character of the immigration received in Saskatchewan must always be of intense interest to the Government of the Province, and the figures we have to present regarding gaols, hospitals for the insane, and other institutions, indicate that it has not always been of the best type. Of course, it will ever be the case that among newcomers there will be an undue proportion of the failures of other countries, who hope that new fields and associations will give them opportunity to overcome the difficulties of the past. They cannot understand that the real difficulty is to

be found in themselves. Such figures as we are able to show indicate that immigration should be most rigidly scrutinized by Federal authorities. We know that under the present regime this is being done far more carefully than was the case in past years, but until Canada is equipped with a receiving station similar to that at Ellis Island, N. Y., it will be impossible to detain suspects long enough to give their cases the study they require. We realize that the country must have more population, but are also cognizant of the fact that to safeguard the future the most careful sifting process is necessary. This year a member of the National Committee for Mental Hygiene inspected some 7,000 immigrants upon debarkation in Canada, many of whom were agriculturalists destined to settle in Saskatchewan. It was gratifying to discover that many were of splendid type physically and mentally English and Scotch who were accustomed to hard work and competent to carry on farming operations.

A study of the nationalities of the prisoners, insane, and cases of juvenile delinquency in Saskatchewan, furnishes interesting data. It is discovered that an undue proportion of those who fail to make good citizens and who constitute a great provincial burden come from countries outside the Dominion.

PRISONERS

Gaol statistics for the past year and covering a survey of 786 prisoners are presented.

	Percent distribution of the population of Saskatchewan by birthplace	Percent distribution of prisoners in Prince Albert and Regina Gaols by birthplace
Canada	54.5	34.84
British Isles	14.3	10.66
Total European	17.0	31.95
Austria Hungary	6.6	16.27
Russia		7.63
Germany	1.1	2.03
Other European Countries	9.3	6.02
U.S.A.	13.6	19.84
Asia	4	1.77
Various	.1	.94

These gaol figures tell their own story in a graphic way, and demonstrate clearly that it has not been possible to elevate many of the European types to the standards demanded by Canadian laws. The United States figures are explained by the immigration of adventurers who left their country for their country's good. We found during our investigations in the West, many who came to Canada to escape the requirements of the stringent American laws pertaining to drug habitues. The majority of the latter were women of immoral type. It is fair to state, however, that on the whole American immigration has been excellent, and since the enforcement of the new Drug Act by the Federal Department of Health conditions may be expected to improve.

INSANE

The proportion of foreign born in the Provincial Hospital, Battleford, (1919-1920) is even greater than the proportion found in gaols. The following figures are presented:

	Percent distribution of the population of Saskatchewan by birthplace	Percent distribution of the patient population of the Provincial Hospital by birthplace
Canada	54.5	31.41
British Isles	14.3	20.92
Total European	17.0	30.77
Austria Hungary	6.6	8.43
Russia	....	8.78
Germany	1.1	....
Other European	9.3	13.56
United States	13.6	14.86
Asia	.4	1.35
Others	.1	.33

It is fortunate that arrangements have been made by the Federal Department of Health for more careful examination of immigrants at ports of entry. At present physicians trained in psychiatry are employed at Quebec and St. John, and many newcomers are being rejected because of mental disability. The foregoing facts demonstrate the need of such precautions. It should be remembered that every patient requiring prolonged treatment in a Mental Hospital costs the Province between seven and ten thousand dollars.

JUVENILE DELINQUENTS.

The following table indicated the proportion of foreign born among 244 juvenile delinquents—cases that appeared before Judge McLachlan of the Juvenile Court, Regina.

	Percent distribution of the population of Saskatchewan by birthplace	Percent distribution of 244 cases of juvenile delinquency by birthplace
Canada	54.5	57.37
British Isles	14.3	6.15
Total European	17.0	20.05
Austria Hungary	6.6	11.47
Germany	1.1	.40
Russia	....	8.18
Other European	9.3	....
United States	13.6	13.52
Unknown	1	2.91

It would appear from the percentages above that foreign born children contributed approximately only their fair share to delinquency. In this connection Judge MacLachlan makes the following statement in her annual report:

"It is of interest to note that while one hundred and forty of these children were born in Canada, yet only thirty-two were of Canadian nationality (parentage). We are truly dealing with 'new Canadians.'"

Basing figures on the nationality of parents, the following significant results are obtained.

	Percent distribution of the population of Saskatchewan by birthplace	Percent distribution of the parents of 244 delinquent children by birthplace
Canada	54.5	22.53
British Isles	14.3	13.91
Total European	17.0	44.16
Austria Hungary	6.6	12.69
Russia		4.90
Germany	1.1	16.39
Other European countries	9.3	10.18
United States	13.6	12.70
Unknown	1	6.30

It was difficult to understand the reason for the large number of children of German parentage until it was explained that a local centre in Regina where unfavorable home conditions and associations existed had furnished the great proportion.

The facts detailed In this chapter indicate the need for increasing thoroughness on the part of federal authorities in the selection of immigrants. It has been stated that the new Federal Department of Health is now dealing with the problem in a more vigorous fashion than has been in the past, and better results may be expected as time goes on. Heretofore the work has been hampered by the lack of interpreters, inadequate medical staff, and insufficient facilities at ports of debarkation and ports of entry.

Prof. W. G. Smith made a careful study of the subject of Canadian Immigration for the National Committee and makes the following recommendations concerning Immigrant Inspection.

Prospective Immigrants Should Be Inspected In Native Land.

"The first care in the selection of the Immigrant should be exercised in his native land and before he embarks upon the voyage."

P. 317, "Study in Canadian Immigration."

"Either the Canadian Government should maintain at the great ports of embarkation a properly qualified staff to carefully examine every immigrant before going on shipboard, or the various transportation companies engaged in carrying immigrant passengers must be required to make the proper selection. The former is of course expensive, but some of the money employed in promoting immigration may be turned to the task of selecting immigrants. This could be done only in Britain in a more or less free way. In other countries it would have to be done under some such arrangement as that outlined in connection with Italy."—P. 328

"To be rejected before the time of embarkation is nothing compared with the situation of being debarred from landing after a long and trying voyage, and then sent back again over the same route to return frequently to a worse situation than before. This is bad enough in the case of a single individual; it is worse in the case of a man with a family."—P. 321, "A Study in Canadian Immigration."

Adequate Inspection Needed At Canadian Ports Of Entry.

"A large immigration station should be built, (with due regard) to suitability of locality and a staff of competent officials engaged for the

work of examining immigrants. The immigration station should be thoroughly equipped along the line of the building at Ellis Island New York, with offices, sleeping rooms, inspection rooms, ticket offices, restaurant, hospitals, and so on. Since the immigrants would not be admitted to Canada until after the examination, they should be regarded as in the care of the steamship companies, who must provide for their support until the immigration authorities are satisfied as to the status and calibre of the intending citizen. For the medical examination there should be a staff of physicians, for the mental examination a staff of psychiatrists, for the economic and industrial examination a staff of inspectors, and, since such a large proportion of immigrants are foreign-speaking, there should be a staff of interpreters. Some idea of the necessity of a large staff in this connection may be formed from the fact mentioned in a former chapter that these immigrants were coming to Canada, prior to the war, at the average rate of a thousand a day. Since, however, in winter season the number is considerably diminished, in the immigrant season there would be frequently more than a thousand a day. To make a careful threefold examinatiou of such a number of people would require a large number of experts unless the immigrants were detained at the station for many days. The latter would be penny wise and pound foolish. At Ellis Island there are in all about six hundred and ten officials, including ninety-five medical officers and hospital attendants—the force of interpreters is probably the largest in the world, gathered under a single roof. Such a staff of experts should be men and women of attainment, refinement and humanitarian instincts. The work in which they would be engaged is not a stockyard inspection, but the selection of human beings, adults and juvenile, for future citizens of a glorious country. They must be moved on the one hand by loyality to the country and its future, and on the other by kindness and justice toward the immigrant." —P.324 "A Study in Canadian Immigration."

The recommendations of Prof. Smith are worthy of consideration by the people of Saskatchewan, and particularly by the chosen representatives of the province in the Federal Parliament. No doubt the latter could with benefit urge progressive measures. In matters pertaining to Immigration the desires of Saskatchewan would materially carry weight.

XI.

*RECOMMENDATIONS FOR THE PREVENTION, DIAGNOSIS AND TREATMENT OF CASES OF MENTAL ABNORMALITY IN SASKATCHEWAN.

Prevention

(1) Prospective immigrants should be carefully selected from the standpoint of mental fitness. A considerable proportion of the burden of mental abnormality that is now imposed on Saskatchewan is due to immigration. Under a more rigid system od inspection the influx of mental defectives and insane would be reduced. Saskatchewan would do well to exert her influence in supporting the newly created Federal Department of Health in its desire to secure all needed facilities for adequate immigrant inspection.

(2) Other preventive measures include the early diagnosis and early treatment of mental disorders, the supervision of the mentally abnormal women of child bearing age, etc., etc. Many of the recommendations that follow might well be considered from the standpoint of prevention —especially those in connection with primary schools and psychopathic hospitals.

Diagnosis

There is need for the employment of psychiatrists and psychologists whose services can be utilized in connection with the diagnosis of cases of mental abnormality. These trained examiners would work in public schools, courts, gaols, reformatories, homes for dependents, maternity hospitals, etc.

It is suggested that the staff of the proposed Division of Mental Hygiene of the Provincial Department of Education be utilized in this connection, together with the services of psychiatrists attached to the Battleford and Weybourne Hospitals and the proposed psychopathic hospitals. The creation of a Division of Mental Hygiene is recommended later in the report.

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* An elaboration of certain recommendations will be found in succeeding chapters.

MENTAL HYGIENE FACILITIES FOR PUBLIC SCHOOLS

The problem of mental abnormality in public schools is of such importance that Saskatchewan is urged to adopt measures that will insure an early diagnosis of all school cases, together with the establishment of suitable measures for adequate training and treatment. The needed facilities for such an enterprise might include the following:—

(1) A Division of Mental Hygiene attached to the Provincial Department of Education.

(2) Special Classes, and other provisions for the training and treatment of mental abnormals.

(3) Mental Hygiene instruction for teachers.

(1) DIVISION OF MENTAL HYGIENE.

It would be the function of the division to conduct mental hygiene surveys in schools, to supervise the training of mental abnormals, to assist Normal Schools in connection with the instruction of teachers, and to record all cases of mental abnormality discovered in schools, etc.

The head of this division should be a physician with *psychiatric and psychological experience. Medical and psychiatric training are necessary because many of the problems cannot be dealt with intelligently by a psychologist. This is the case since a considerable number of school children are afflicted with the beginnings of mental disease (insanity) and need psychiatric supervision. A psychologist trained in the use of mental tests is also needed, together with stenographic assistance. As the work progresses, further additions to the staff will be required.

This division should work in close co-operation with the mental hospital system and with the Provincial Department of Health.

(2). SPECIAL CLASSES. ETC.

In cities and towns where there are twelve or more defectives in school attendance it should be made obligatory to establish an industrial class. This class should have a well qualified teacher for the work, and the curriculum should embrace formal academic work, together with handcraft, such as weaving, sewing, domestic science, carpentry, gardening,

* Psychiatry embraces the study of mental disorders from the medical standpoint and gives special consideration to disease entities, while psychology deals with mental processes and has furnished us with modern methods of intellectual measurement, e.g., Binet Simon tests.

etc., games, and drill. The aim should be to teach the child to the limit of his capacity with methods suited to intellectual endowment. Particular attention should be devoted to the development of healthy habits. When well organized, such a class holds the interest of children who are restless or inert in the regular school-room, and makes possible an effective training for citizenship in numerous cases.

In larger centres where many defectives are attending school, several industrial classes will be needed, and arrangements should be made for them on a basis of 15 pupils for each.

The Provincial Department of Education should supervise the work through the Division of Mental Hygiene, and in addition should grant financial aid. With regard to the latter, it may be of interest to outline the policy adopted in Ontario. The following clause is taken from the Ontario Auxiliary Classes Act:—

"The Legislative grant for Auxiliary Classes will be apportioned annually, as follows, for the proceeding school year, on the report of the Inspector of Auxiliary Classes, to each Board that complies with the regulations:

(a) A fixed grant of $100.00 for each Auxiliary Class.

(b) Fifty per cent of the excess of each Auxiliary Class teacher's salary over the usual annual salary paid by the Board to the teachers of corresponding grades of the Public or Separate Schools. Maximum grant $50.00.

(c) Twenty per cent of the value of the approved special equipment for the Auxiliary Class or classes. Maximum grant $100.00.

(d) An annual grant of $100.00 for approved vocational training in gardening, farming, household work, industrial work, given to not fewer than 16 pupils in any Auxiliary Class by a competent instructor."

Since 70% of the school population of Saskatchewan is resident in rural parts, it is evident that special classes will solve only a comparatively small part of the problem of mental deficiency. It is therefore recommended that teachers in rural schools, where defectives are in attendance, be granted special remuneration for the instruction of the mentally handicapped upon approved lines. The training of the teacher for the work will be discussed under the next heading.

(3) INSTRUCTION FOR TEACHERS

A Mental Hygiene Course should be provided during the summer months at the Normal School in Regina or Saskatoon. Such studies as the following should be included in the curriculum, (a) Types of mental

abnormality, (b) Mental tests, (c) Training of mental defectives. Lectures should be supplemented with a demonstration of cases, the application of mental tests, and the observation of a Special Class in operation.

A bonus should be granted to all teachers who take advantage of the Mental Hygiene Course, and instruction should be provided by the Division of Mental Hygiene.

INSTITUTIONAL PROVISION FOR MENTAL DEFECTIVES

A certain proportion of the mental defectives of the province require custody and training in an institution for the purpose. Institutional care is indicated for the following groups—(a) low grade defectives, viz. idiots and imbeciles, (b) certain high grade cases with depressing home conditions, (c) dependent defectives, e. g. wards of the Department of Neglected and Dependent Children, (d) defective delinquents, including feeble-minded girls with immoral tendencies.

To serve the needs of such cases as has been outlined it is recommended that a training school for mental defectives be established in Saskatchewan. The type of school suggested might well be constructed along the lines of successful institutions on this continent. Excellent organizations are to be found at Waverley, Massachusetts; Vineland, New Jersey, and Rome, New York. British Columbia is now building units of a training school along modern lines.

The institution should make adequate provision for the segregation of defectives according to sex, intellectual development, age, and behaviour. As stated in a previous report by the Committee, an attempt should be made to train all cases to the limit of their capacity. The higher grades are educated in public school subjects, and boys are given industrial training in agriculture, carpentry, boot-making, weaving, while the girls receive special instruction in the household arts.

The aim of the institution would be to train as many defectives as possible for colony life, with the hope that they could be returned to the general community under supervision. With such a system in practice, the Province would be saved a considerable financial outlay and could make a comparatively small training school serve its needs.

Colonization of defectives has been carried on with great success by the institution at Rome, New York. The matter is of such importance that extensive extracts from a recent article by Dr. Charles Bernstein, Superintendent of the Rome Asylum, are submitted:

"We have been carrying on colonization with the feeble-minded for the past twelve years and have proved it practical, economical, and feasible in every way.

"We have at present ten farm colonies for boys, with at least twenty inmates and farmer and wife on each, living comfortably in the old farmhouse on one hundred or more acres of land. Such farms cost the state between $5,000 and $10,000 each, or a rental of from $600 to $1,000 a year, while institutional buildings cost at least $500 to $1,000 for each inmate. Also, these colonies are self-supporting after the first year, including all expenses and 5 per cent on the investment.

"We have one colony for boys at work in Rome, such work including gardening, caring for lawns, shoveling snow, tending furnaces, etc.

"We have eight colonies for girls in rented houses in the city of Rome and elsewhere about the state, where from 160 to 250 girls, under the supervision of matrons and parole agents, are supporting themselves doing domestic work, hand laundry, sewing, and mill work.

"The purpose of these colonies is to test out the boys and girls in an existence more nearly normal than is possible in a large institution. The privilege of colony life is given only to self-respecting boys and girls of reasonable intelligence, who wish to make an effort to be self-sustaining, law-abiding citizens. The boys' ages run from sixteen to thirty years, the girls' from sixteen to forty; in the girls' colony for preparatory training, from twelve to sixteen years.

"These boys and girls at first live in the colony houses, going out to work by the day. Later, if proven trustworthy, they are allowed to live at the houses where they work, using the colony houses as social centres for their leisure hours. Both boys and girls living in the colonies are encouraged to come back to the parent institution for dances, band concerts, moving-picture entertainments, and any needed medical attention.

"Church and Sunday-school privileges are allowed to all who care to take advantage of them. For the girls, classes are provided in the domestic arts, mending, letter writing, etc. Pianos and Victrolas are in use in all the houses, and girls who show ability are given musical instruction.

"The colony houses and their activities are regularly inspected by a parole agent, who also visits the houses in which the colony boys and girls are employed.

"Earnings are spent for housing, clothing, and savings-bank accounts and—to the extent of fifty cents a week—for pleasures and personal expenditures. About one-third of the earnings go into savings, thus encouraging each individual in habits of thrift.

"The results of the colony system we have found to be more self-respect, more hope, more happiness for individuals, and for the institution an atmosphere of hope that stimulates energy and industry, lessening the number of discipline cases.

"If there was any lack of proof that our system, as devised and carried out, is practicable and workable, it was to be found in the fact that during my absence of two months at the Plattsburg Officers' Training Camp, in the summer of 1918, two new colonies for girls—the one at East Aurora and the one at Syracuse—and one new farm colony for boys—the Lawrence Farm Colony—which had been opened just before I went away and had not been thoroughly organized, went on successfully to complete organization without my having to lend a hand or advise in any way.

CONCLUSIONS

"1. We believe that with better facilities for manual, industrial, and vocational training in our public-school system, to make up for the lack of opportunities for physical development, home training, and apprenticeship such as existed in the past, many of the border-line cases will be saved in community life and will never need asylum or custodial care.

"2. From now on, we should devote our energies toward enlargement along the lines of colonization, to rehabilitate as far as possible the patients that come to us and to return their services to the state, thus vacating many of the beds in our existing institutions and making them available for younger and more socially dangerous cases.

"3. The services of many of these women could well be utilized in large centers of population for domestic work, hand laundry, and sewing, thus in no way materially competing with native or naturalized American labor. At least 20 per cent, and I believe 40 per cent, of all feeble-minded and border-line cases can be very successfully and economically so handled.

"4. There is ample opportunity for colonization of all the available trained men on various parcels of state-owned land and on abandoned or undeveloped farms, where such labor is especially needed. At the same time the individual is rendered happy, contented, and self-sustaining in an environment well suited to his mental state.

"I am firmly of the belief that if this colony system is continued and proves as successful as it has in the past—which I am sure it will—we shall be able to provide in such colonies for at least one-half of all the feeble-minded who will have to be cared for by the state of New York because of dependency or delinquency. This method of caring for them will save

the state not only the hundreds of thousands of dollars that would otherwise be spent annually for the maintenance of these people, but also the overhead expense of $1,000 per bed for from fifteen or twenty thousand cases. If we only consider the interest on this investment at 5 per cent, it will mean a matter of a million dollars saved in interest on the twenty million that would be spent in building for these twenty thousand people.

"And more, these cases will be made much happier and more contented by this method of treatment, much more normal in their lives and activities, while at the same time the public will have the benefit of labor which otherwise, according to present indications, will not be available.

"In connection with such a colony system, many of the boys and girls who have proven to be entirely trustworthy and amenable to ordinary family life will be placed on parole—boys on farms and girls with good families—to the extent of some five thousand at least.

"During the past ten years, I have seen many boys and girls thus rehabilitated, and the fact that a few fail on first trial or even repeatedly is no sure proof that we were mistaken in our judgment of their ability to live outside the institution. Often I have seen these failures succeed almost immediately when placed in another environment, and continue to succeed from thence on; possibly the previous experience of failure was the best lesson they could have had. Most of us normal individuals have at one time or another been at the point of failure, and probably would have failed had indulgent parents and friends not given us a chance to try again and yet again until we eventually found ourselves. Nor should a small number of complete failures lead to the condemnation of a system that is proving successful in the great majority of cases, with benefit both to the individual and to society."

Home For Mental Defectives

The inmates of the present Home for Mental Defectives at Regina might well be transferred to the proposed Training School.

Provisions For The Insane

1. Psychopathic Hospitals.

For reasons outlined in the next chapter, it would be advisable to establish two small Psychopathic Hospitals for the observation and early treatment of cases of mental disease.

2. Provincial Hospital, Battleford.

This Hospital is a most commendable institution, but its work would be facilitated if the following recommendations were put into effect.

(a) Admissions.

It would be prudent to place on the statute books provision for voluntary admission and for the acceptance of patients by certification of two physicians. The placing of individuals in gaol prior to commitment to the hospital is prejudicial to recovery.

(b) Airing Court.

The present airing court facilities are unsuitable. An arrangement might well be made to utilize another part of the extensive grounds for the purpose.

(c) Convalescent Home.

The establishment of such a Home would bridge the gap between hospital and home life for convalescent patients. The overhead expense would be considerably less than that entailed in the Mental Hospital.

(d) Social Service.

An extract from the British Columbia report of the Committee might well be quoted in this connection. "The employment of one or two social workers in connection with the mental hospitals of the Province would, among other beneficial results, make possible the placing of an increased number of patients on parole.

In New York State during the year 1913, 975 patients were placed upon parole from the thirteen State hospitals, but during 1917 it was possible to increase this number to 1,504. This result was due in large measure to the establishment of Social Service, and saved the state many thousands of dollars in connection with upkeep. It is apparent that the growth and development of the parole system depends largely upon its proper supervision and this can best be obtained through Social Service and Out Patient Clinic work."

(e) Occupational Therapy

This branch of the work has been well commenced and it is recommended that every encouragement be given for its further development.

(f) Feeble-minded and Epileptics.

A number of such cases are to be found in the Battleford Hospital, and these should be removed as soon as possible to Weybourne and later to the proposed Training School for Mental Defectives.

Gaols, Courts, Reformatories, Etc.

The problem of delinquency is so intimately related to mental abnormality that the Committee considers it to be within its province to make certain suggestions.

(a) Psychiatric examinations.

The services of Psychiatrists might well be utilized in connection with courts, gaols, and reformatories. Trained examiners could be detailed for this work by an arrangement with the proposed Division of Mental Hygiene, the proposed Psychopathic Hospitals, and the Provincial Hospitals.

(b) Detention Home.

The present Detention Home at Regina would fulfil a greater usefulness if it were converted into an observation centre and clearing-house for juvenile delinquents. An endeavour should be made to sift the normal from the abnormal. The former might then be either returned to their original homes under supervision, or placed in suitable foster homes. Abnormals could with benefit be transferred to the proposed training school for mental defectives.

(c) Juvenile Courts.

There is need for the establishment of a number of these courts throughout the Province. They should be organized with due regard to the selection of judges who have the modern point of view, trained social workers for parole, psychiatric assistance, etc.

(d) Gaol Farm.

The gradual abandonment of the old gaol system to be replaced by modern gaol farm methods with industrial work-shops is to be commended. In the meantime a suitable airing court might well form part of the equipment at the Regina Gaol.

Maternity Hospitals, Children's Shelters, Etc.

These organizations should be provided with the services of Psychiatrists. It has been frequently pointed out in the report that many unmarried mothers and dependents are mentally abnormal and need intelligent placement.

XII.

RECOMMENDATIONS.

THE MENTALLY DEFECTIVE.

While much has been done, and large sums have been expended in caring for the insane of Saskatchewan, the greater problem of the mental defective has remained practically untouched. Many cases of feeble-mindedness are confined in unsuitable institutions, such as the hospitals for the insane, industrial homes, gaols, etc. In the public schools, defectives have received scant attention and except in isolated cases little development. In other words, no definite policy of dealing with a large and important question has been mapped out. The time has come when it is necessary to adopt some comprehensive scheme likely to meet the requirements of the rapidly growing Province of Saskatchewan.

LOW GRADE DEFECTIVES.

The low grade mental defectives at present confined in Battleford Hospital for the Insane should, of course be removed and segregated in one institution. The proposal to appropriate some of the wards in the new hospital at Weybourne would probably answer as a make shift for the time being, but it cannot be safely accepted as a permanent and satisfactory solution of the question. Such a plan would doubtless relieve the overcrowding at Battleford, and would be in the interests of the mental defectives. Under this arrangement they would be segregated, and could receive the attention and care demanded.

These low grade cases are not, however, the types most difficult of management and treatment. Custodial care for them is a matter easy of arrangement, but the disposition of the higher grades is a difficult question, the importance of which cannot be over estimated.

When it is remembered that a great proportion of criminals come from the defective classes, it can be understood how necessary it is to get in touch with these individuals in their youth, so that their lives may be shaped, and if necessary, controlled. Such a plan is in the interest of the individuals as well as the State. If this were done the rising stream of criminality would be stemmed and the community saved much of the enormous expenditure, which in the past has burdened the tax payer. The administration of law has ever been an expensive thing, and the criminality of the mental defective has been the most telling item in the

bill of costs. Psychiatrists who are delving in the fields of practical experience with juvenile delinquents are surprised that State authorities so frequently fail to appreciate the fact that the punishment of a crime seldom fulfils the object it sets out to accomplish.

Advisability of Early Treatment

The early treatment of those of criminal tendencies is the rational one, and the sooner in life this is undertaken the better.

The following case seen in a Saskatchewan gaol illustrates what the State loses by a neglect of the early study of mental defect.

A woman, who should not have been admitted to the country by the immigration authorities, had ninety-nine convictions recorded against her. When we saw her she was serving a sentence for a minor offence, and was soon to regain her liberty, no doubt to make the score an even hundred, as no plan of controlling her existed. She is the mother of ten illegitimate children, and it would be interesting to learn just how much she and her family have cost Canada. This unfortunate woman's defect could have been detected in childhood, and if she had been controlled the tragedy of her life would not have been enacted. The want of care exercised in her case emphasizes a need and shows the necessity of a readjustment of present methods. A careful study of the lives of the defectives who are permitted to roam, and who require protection and guidance, will show clearly that under present conditions they cost the country millions which might easily be saved under a wise system of management.

Of course, the schools and juvenile courts are the starting point in the study, and while a beginning has been made in some centres, yet the effort has been feeble, and not likely to lead to satisfactory results. Much more is to be done in the way of remodelling and re-organization.

Importance of Special Classes

In the schools the importance of special classes for the mentally handicapped has not apparently been fully recognized. True, one industrial class exists in the Victoria School, Regina, but it cannot accomplish much under present circumstances, although the teacher is proficient. Her work at present means a waste of time and energy. In another part of this report the school question is dealt with at length.

JUVENILE COURT.

A beginning has been made in the excellent Juvenile Court under the direction of Judge MacLachlan, who is capable, energetic and possessed of a fund of common sense that enables her to do much, but she is hampered under present conditions. Mr. Reynolds, the successful superintendent of Neglected and Dependent Children, is also working under difficulties. No matter how high a conception of duty he may have his efforts are, to a certain extent futile, for want of proper outlets when dealing with many of his charges of the abnormal class.

DETENTION HOME

The same remarks apply to Mr. Houston and the affairs of the Detention Home. All of these able officials are asked to do the impossible, and are making a noble attempt. Mr. Houston, for example, has high ideals and yet, how can he reach them when no attempt at classification of the boys in the Detention Home is made? Here we found normal and abnormals associating freely without any provision for their separation. Under an advanced method of dealing with such cases the normal boys would not be institutionalized, but removed from the bad environment and associations which caused their downfall, and placed in suitable families where their regeneration could be accomplished. In the Detention Home 59% of the boys were found to be abnormal and their cases required special consideration and study. Without the services of an experienced psychiatrist it is not possible to reach satisfactory conclusions regarding the treatment of many of these handicapped children. The question is largely medical and psychological.

ERECTION OF AN INSTITUTION TO REPLACE DETENTION HOME

As pointed out in the detailed report on the Boys' Detention Home we would recommend a new institution, to be built on a large farm near Regina. This would replace the present Detention Home and might be called the Boys' Village or given some similar designation. It should consist of inexpensive units, each having accommodation for fifty pupils. There should be provided industrial training facilities so that each boy might be developed along lines found most suitable for him.

Girls' Village

A Girls' Village organized in a similar way, but with much greater limitations as far as farm area is concerned should also be established. It might be placed on the same farm as the Boys' Village, but at a safe distance so that all possibility of communication between the sexes would be prevented. Both organizations could be administered from one central office. The need of such an institution in Saskatchewan is obvious.

Psychiatrists

The services of at least two or three public psychiatrists are required, whose duties would include attention to juvenile court cases, inspection of school children, and the mental examination of inmates in detention homes, gaols, etc. They would be fully occupied, and would save countless thousands of dollars to the State by dealing intelligently with defectives whose mental make-up renders them incapable of self-control and unfit to mix with society.

XIII

RECOMMENDATIONS

The Insane

Saskatchewan has made suitable provision for the custodial care of a certain proportion of its insane. It has also recognized the fact that one institution cannot reasonably be expected to supply the needs of such an immense Province. The development of the new hospital at Weybourne will relieve the situation for the present, as far as the chronics are concerned, but will not meet the needs of all classes. It goes without saying that any scheme which to a great extent ignores the questions of prevention and early treatment falls far short of modern requirements.

It is universally conceded that early treatment is the "sine qua non" in mental cases, and it is admitted that the majority of developing cases will not go to a hospital for the insane for treatment even under the voluntary system of admission. It is not difficult to sympathize with this point of view because the prejudice is founded on the old tradition which made it a species of disgrace or even crime to be insane and to require legal commitment to a public or even a private institution. Frequently the patient who was sent to a public institution became one of a herd—his

individuality was lost and opportunities for special treatment missed. The whole asylum system tended to magnify evils, and prejudice frequently found a basis in actual fact. These points are so well recognized that it is not necessary to waste time on further argument. It is now very clearly established that in the prevention and early treatment of cases of insanity the building of small psychopathic hospitals provides the ideal plan for meeting the situation. These small institutions are preferably located near general hospitals for various reasons, and are organized upon similar lines. In other words, they are hospitals in every sense of the term. Two such institutions with a capacity of sixty beds each would answer the purposes of Saskatchewan at the present moment. The necessary number of beds would be small, since the patients are kept in residence for a comparatively short time. Indeed it is a mistake to provide more accommodation than is actually necessary because of the danger of the pressure brought to bear by influential friends to have obvious chronic cases retained when they should be elsewhere. Manitoba made a beginning with it psychopathic hospital in Winnipeg, and it may be of interest in this connection to present a brief outline of its history since organization.

"The Manitoba Psychopathic Hospital built and maintained by the Government, forms the centre of the provincial system. It is affiliated in a measure with the Winnipeg General Hospital and the University of Manitoba, to the advantage, doubtless of all concerned. The building itself is not ideal and illustrates the lack of knowledge of the average architect concerning the structural requirements of this type of an institution.

"Patients may enter the hospital in one of three ways, namely, (1) voluntary admission—the only requirement being a willingness on the part of the patient to conform to necessary rules and regulations. (2) General admission for observation and treatment at the request of physicians, relatives, etc., and without legal formality. (3) The ordinary commitment on order of the magistrate. The third method is one very seldom employed now—the great majority of the patients being either voluntary or general admission cases.

"Since the hospital opened there have been two hundred and fifty admissions.

"During their stay in the hospital, which has averaged twenty-nine days, the patients are studied both physically and mentally, including laboratory examinations. Treatment is then prescribed. The usual general hygienic measures and hydrotherapy are routine. Occupational work is considered of great value not only because of its diversional

powers, but also because it does so much to quietly restore that orderliness of mind that so many cases lack and need. One can gain most tangible evidence of improvement by watching the changing attitude toward and character of work done by the patient in the occupational department. The bead chain that at first shows by its disorderly arrangement the presence of attention defect and complete dissociation of thought and motor response indicates by its growing orderly arrangement a returning power of concentration, and a gradual disappearance of the self-absorption that resulted in the previous hodge podge.

"Records are made in duplicate, typed and carefully indexed according to name of patient, diagnosis and each outstanding sympton. The classification of the Statistical Manual of the American Medico Psychological Association and the National Committee is followed as closely as possible.

"The first one hundred and fifty cases were grouped as follows:—

Dementia Praecox	35
Psychoses with Somatic Disease	17
Not Insane	16
Manic Depressive Psychosis	12
Constitutional Psychopathic Inferiority	12
Neuro Syphilis, including G.P.	10
Feeblemindedness	9
Involutional Melancholia	9
Senile Psychoses	7
Paranoid Conditions	6
Alcoholic Psychoses	5
Not Diagnosed	4
Epilepsy	3
Drug Addiction	2
Chorea	2
Parosmia	1

Thirty-seven per cent of the cases were committed to Provincial Hospitals. Five per cent died, but in all except one there were evidences of somatic disease. The remainder of the patients went home and according to the follow-up reports, are able to get along. A few cases discharged on trial had to be taken back and committed, but these are included in the above mentioned thirty-seven per cent.

The proportion of the various types committed is as follows:—

Manic Depressive Psychosis	80%
Senile Cases	71%
Dementia Praecox	69%
Involution Melancholia	66%
General Paresis	60%
Feebleminded	44%
Paranoid Conditions	33%
Psychosis with Somatic disease	6%

"Over three hundred and eighty examinations were made at the request of the Juvenile Court, Children's Aid, etc. Only such cases are referred from the Juvenile Court as seem to indicate by appearance, nature of crime or recidivism, the possibility of mental abnormality.

"A report to the judge is based upon a physical examination, investigation of family and personal history, school progress and social and moral reactions in addition to the psychological examination."

Two psychopathic hospitals are recommended for Saskatchewan as a result of a careful review of the situation, one at Regina and the second in Saskatoon. Saskatoon, with its developing medical school, requires this addition to its teaching and clinical facilities as it is most important that the medical student should, by the time of graduation, have acquired a broad knowledge of what has become one of the most important branches of general medicine. A brief glance at the medical curricula of the present day shows that since the war, educational authorities have suddenly awakened to the importance of psychiatry and have extended their courses so that mental diseases now receive the attention they demand. The strain of the war brought to the surface the facts long known to psychiatrists, that the number of mentally diseased and defectives is far larger than was ordinarily supposed, and the results of early and intelligent treatment were so satisfactory that psychiatry came into its own. The importance of intelligent nursing was also discovered and the graduates who had been fortunate in receiving special training demonstrated their value. By placing the psychopathic hospitals near general hospitals a system of training of the best of the pupil nurses is easily devised with satisfactory results.

The demand for clinical instruction in psychiatry has long been a crying one, and while it is true that some of the early efforts to establish psychopathic hospitals failed and gave the opponents of this advance opportunity to criticize, it is none the less true that when properly established they are a lasting benefit to the insane, and to those who would study and treat their infirmities.

Then we must not forget that the so called stigma attached to being sent to a public asylum—no matter how great the popular error regarding it,—is a deterrent to those who would accept early treatment under other circumstances. We must sympathize with this feeling of degradation and do what we can to abolish it. Insanity is an unspeakable calamity under any circumstance, and it is a pity to add to its horrors. Nothing has contributed more to the development of the feeling of degradation than the legal methods employed in securing commitment under the process of the law even in the earliest stages of disease, and the indiscriminate abuse of the gaol system.

Not so many years ago general hospitals were shunned as far as possible by the average citizen, and perhaps not without reason, but since the days of efficient nursing and advanced medicine, they have established their place in the community. It will be the same story with the insane. Psychopathic hospitals will educate the public to the fact that insanity is a disease, much more quickly than any other method of instruction. Custodial institutions we must have for a certain proportion of the incurable insane, but that number may be materially decreased by the development of the psychopathic hospital. Of course, it goes without saying that the personality and experience of the medical head of a hospital will make or mar its efficiency, and such an official should be selected simply on his qualifications.

While this is true, it is also important that the management of the psychopathic hospital should be under the direction of a psychiatrist, preferably a government official, and the nursing under the control of a specially trained nurse independent of the general hospital. In practice this is the only plan that works out successfully. The nursing of the mentally diseased is a special problem in itself and ordinarily the methods followed are very different from those of the routine of a general hospital.

Another advantage in having the psychopathic hospital near the institutions referred to is that they may benefit by laboratory equipment —pathological, bacteriological and serological—roentgen rays, metabolism apparatus, etc., as well as opportunities of following different lines of research.

The establishment of psychiatric out-door clinics too, is possible under this arrangement. These clinics would make the examinatioms for the Juvenile Courts, co-operate with schools in making mental tests of children suspected of suffering from mental disease or being defective.

In connection with hospitals for the insane there should be a well organized social service system for follow-up work. This would pay for itself over and over again. Many patients might safely be returned to their own houses during the period of convalescence if the hospital authorities felt that they would be under intelligent supervision. As it is at present the number of patients on probation is much smaller than it would be under a more advanced arrangement. When it is remembered what each patient costs per diem it can be readily understood that a marked reduction in maintenance costs will follow the adoption of the plan proposed. At the same time the question of per diem cost is subordinate to the more important one of early cure.

The construction of small Convalescent Homes should be considered too. It is a well known fact that some patients recover far more rapidly if removed from the wards when they begin to show signs of convalescing.

A certain proportion of these react badly if sent home on probation, as old associations are sometimes painful and a hindrance rather than a help in establishing a complete recovery. For such patients a convalescent home is ideal.

XIV

GAOLS

Judged by old standards the gaols of Saskatchewan are excellent. They are well built and staffed by conscientous officials. If custody of prisoners were the only consideration, criticism would be largely unwarranted, and elaborate recommendations for improvement would be rendered unnecessary.

There is a growing conviction, however, that custodial care by itself is insufficient. If the state aims to diminish criminality—if it attempts to reform the individual delinquent—additional measures are necessary. There is need, among other things, for the careful study of the personality of each offender, his family history and environment with the application of treatment based on individual requirements. Under the old regime punishment has been meted out to suit the particular crime committed. The treatment of each delinquent should of course, be of a character that will protect society, but it must at the same time elevate the offender to a higher plane—mentally, morally, and physically. Of still greater importance is the need for an intelligent policy of dealing with juvenile delinquents. Without safeguards they recruit the ranks of adult criminals.

The present methods employed in Saskatchewan do not fulfil the requirements that have been outlined. There has been no systematic attempt to study the personal characteristics of each offender with the result that many are incarcerated in gaol who would be better cared for elsewhere. This statement applies with particular force to the feeble-minded and insane. Those of normal mentality who have committed criminal offences might be dealt with to greater advantage in a gaol farm than in the institutions at Regina and Prince Albert. An elaboration of the Juvenile Court system throughout the Province would do much to cope with the problem of child delinquency.

Definite recommendations concerning courts and gaols follow.

COURTS

The services of a Psychiatrist are needed in the criminal courts. Mental examinations could be made and data pertaining to the personal

history, family history and evironment collected. This information would be invaluable in many instances in assisting the Judge or Magistrate in the disposal of cases. Individuals in need of prolonged custodial care and suitable training would be recognized, and the futility of sending them to gaol for limited periods with bad results would be obviated. The province might be saved a repetition of such histories as are herewith presented. Case A. is that of a Polish boy 19 years old. Since the age of 10 he has been guilty of repeated offences such as theft, housebreaking, vagrancy. He has been arrested ten times, and is now in the Regina Gaol. He is feebleminded, and it is obvious that a recognition of his mental condition would have suggested different treatment than he has received in the past. Case B. is that of a Scotch woman of 40. She has been in Canada since 1903. Sixteen years ago she married, but lived with her husband for one day only. For the last fourteen years she has been consorting with another man, and has had ten illegitimate children. She is a chronic alcoholic and has appeared in Winnipeg courts on ninety occasions. Her present incarceration in Prince Albert Gaol constitutes her ninth term in this institution. She is feebleminded and will undoubtedly repeat former offences with the results that the courts will deal with her in the same manner—a hardship to herself and to society. A psychiatrist might well have assisted the courts in making a more prudent disposal of the case.

A psychiatric study of the inmates of the Regina and Prince Albert Gaols demonstrated that many were of unsound mind, and that the province could expect little unless the fact was taken into consideration and special facilities provided.

Another argument in favor of careful examination before disposal emerged after a study of twenty-two female prisoners in Prince Albert Gaol. Many of these individuals were syphilitic and mentally deficient, and it was only too clear that gaol was not the proper place for them. At the expiration of their sentences they would be set at liberty to prey on society, scatter venereal disease, and to suffer themselves. They were in need of prolonged custodial care where they could be provided with suitable occupation and given treatment for their disability.

Gaols

It is encouraging to learn that a gaol farm is being developed at East Wadina, and it is to be hoped that it will include methods that have been found successful in similar organizations.

The following description of the Ontario Reformatory at Burwash may prove of interest:

The Burwash Farm was set aside for reformatory purposes in 1914, and consists of 35,000 acres situated in the unbroken bush, twenty miles south of Sudbury. The organization occupies a very important place in the link of facilities for the care of the criminal population of the province. Prisoners are received for sentences of from three months to two years less one day. Only those cases are accepted who have the physical strength for farm work. The Reformatory is best suited to short term men for whom the teaching of a trade would be impossible during their limited incarceration. It was stated recently by a competent observer that the farm supplies an excellent training for the hardy young delinquent of short sentence, but that it is essential that the organization should be supplemented with an industrial institution for longer term men and for those unsuited through age or poor physique to stand the strain of the north woods.

Approximately 600 men are accommodated in five camps. They are employed in clearing and cultivating the land. In three years over 1200 acres have been reclaimed, and large crops have been raised. In 1920, 6,500 bushels of potatoes were grown. Roads have been built through unbroken forest and 250 head of cattle and 280 sheep kept. The outlay on the organization has not exceeded $350,000, and it is believed in two or three years it will be self-supporting.

The prisoners do not wear prison garb, and every effort is made to preserve self-respect. Escapes are infrequent. The men appear to be in good spirits, healthy, robust and satisfied. Practically all gain in weight and leave the farm in a healther condition than when they were received.

70% of the prisoners are trusted. A remission of one day per week is allowed for good behaviour, and those who are discharged before the expiration of their sentence report weekly to the police for a stated period.

In the near future a psychiatrist will be added to the staff and the men will be classified according to mentality and trustworthiness.

The gaol farm plan of caring for certain types of prisoners is preferable to the old-fashioned gaol. When well managed it encourages self-respect on the part of those in custody, and is a boon as far as physical health is concerned. From the standpoint of the province it should commend itself because it is inexpensive.

Experience elsewhere has demonstrated the need of work shops where the aged and those of poor physique might be satisfactorily employed. An organization with these facilities might be attached to the gaol farm at East Wadina.

XV

SUMMARY OF RECOMMENDATIONS

1. Endorsement of policy of rigid mental inspection of immigrants.
2. Mental Hygiene facilities for Public Schools.
   (a) Creation of Division of Mental Hygiene.
   (b) Organization of Special Classes for Defectives.
   (c) Mental Hygiene instruction for teachers.
3. Establishment of training school on farm colony plan for mental defectives.
4. Organization of two Psychopathic Hospitals.
5. Recommendations in connection with the Provincial Hospital, Battleford.
   (a) Provision for voluntary admission and for the acceptance of patients by the certification of two physicians.
   (b) Abandonment of present airing court.
   (c) Establishment of Convalescent Home.
   (d) Employment of Social Worker for patients on parole.
   (e) Further development of Occupational Therapy.
   (f) Removal of feeble-minded and epileptic patients.
6. Gaols, Courts, Reformatories, etc.
   (a) Utilization of psychiatrists in connection with courts, gaols, and reformatories.
   (b) Conversion of Detention Home for Boys at Regina into an observation centre and clearing-house for juvenile delinquents.
   (c) Establishment of a number of juvenile courts throughout the Province.
   (d) The gradual abandonment of the old gaol system, to be replaced by modern gaol farm methods.
7. Maternity Hospitals, Children's Shelters, etc.

The provision of the services of Psychiatrists for these organizations.

REPORT OF THE COMMISSIONER OF MENTALLY DISORDERED AND DEFECTIVE PERSONS FOR THE UNION OF SOUTH AFRICA

In 1916, the Union of South Africa passed a Mental Disorders Act. This Act covers all cases of mental disorder or defect where, as a result of such disorder or defect, the patient is incapable of managing himself or his affairs, is a danger to himself or others, or requires care, treatment and control.

Dr. J. T. Dunston in his report reviews the working of this Act and analyses the effect it has had on the problem of the mentally disordered and mentally defective.

On December 31st, 1919, there were 5,885 patients on the register of the Commissioner of Mentally Disordered and Defective Persons. Of these, 2,885 were white, 2,125 natives, 724 coloured and 154 Asiatic patients.

Dr. Dunston finds that magistrates have not made sufficient use of Section 13 of the Act which enables them, pending the determination of an application, to decide where the patient shall be detained. Not infrequently where the home environment of the patient is bad or the opportunity for proper supervision and treatment is inadequate, a Mental Hospital, especially when such an institution is very near and accessible, is the best place for immediate care. Too much emphasis cannot be laid on the necessity for treatment of cases of mental disorder in the initial stages and before the disease has become established.

In the case of defectives, so little is known by general practitioners about the symptoms and diagnosis of its higher grades that the most obvious cases are left uncertified, though they were proved to be quite irresponsible, incapable of competing with their normal fellows, without foresight or the powers of learning by experience, and requiring care, supervision and control in their own interest and still more in that of the community. They are not dealt with under the Act as therin provided and it therefore means not only that they cannot be improved in character and usefulness (as they will improve under proper treatment and training), but that all of them who are in bad environment become more degraded and more useless and swell the ranks of criminal, inebriate and prostitute classes, thus leading to enormous unnecessary expenditure, not only by the State, on prisons, mental hospitals, charities, etc., but also by Church, public and private organizations.

No student should leave his hospital without such acquaintance with the diagnosis and understanding of the sociological importance of the higher grades of mental defectiveness and of the early symptoms of mental disorder. They should also be able to recognize the necessity of expert consultation and advice.

Dr. Dunston shows that in the Union of South Africa not less then 1-297th of the population are mentally disordered or defective (excluding the feebleminded), while there was accommodation for 1-512th.

The out-standing feature of this report is that the Union of South Africa has assumed the full burden of the problem of the mentally disordered and feebleminded. It is a federal responsibility and not a State one. In this way the care of these persons is better co-ordinated than it would be if left in the hands of the separate states.

The Union has fully assumed thus burden and is arranging for the erection of new mental hospitals, psychopathic hospitals, institutions for the feebleminded, and increased medical staffs as rapidly as possible.

NOTES AND NEWS.

CONNECTICUT SOCIETY FOR MENTAL HYGIENE

At the 14th Annual Meeting of the Connecticut Society for Mental Hygiene, held in Bridgeport, Connecticut, December 2nd, 1921, the following resolutions were passed:

RESOLVED: That Mr. Clifford W. Beers, the originator of the Mental Hygiene Movement, be made the first Honorary Member of the Connecticut Society for Mental Hygiene. The Board of Directors takes pleasure in conferring this membership on Mr. Beers, who not only organized the Connecticut Society for Mental Hygiene, the National Committee for Mental Hygiene and the International Society for Mental Hygiene, but who stimulated a world wide interest in the humane treatment of the mentally afflicted through the publication of his book, "The Mind that Found Itself." It has been demonstrated that Mr. Beers was gifted with a clear vision in regard to the treatment of mental disease, which has enabled him, through the societies he has organized, to ameliorate the suffering of a large part of humanity.

RESOLVED: That Dr. Thomas W. Salmon, Medical Director of the National Committee for Mental Hygiene, be elcted an Honorary Member of the Connecticut Society for Mental Hygiene. Dr. Salmon has for ten years stimulated, both in the field of medicine and sociology, the growth of a genuine interest in psychiatry. Furthermore, Dr. Salmon has contributed to science notable studies in the field of mental medicine. He has rendered brilliant and conspicuous service both to this country and its allies during the war while directing the neuro-psychiatric work of the American Expeditionary Forces; therefore, it is the feeling of the Board of Directors that in making Dr. Salmon an Honorary Member it is bestowing an honor on the Society.

RESOLVED: That the name of Dr. C. Floyd Haviland, Superintendent of the Connecticut State Hospital, be added to the list of Honorary Members of the Society. Dr. Haviland has rendered conspicuous service to the Connecticut Society for Mental Hygiene and to the people of Connecticut during his tenure of office as Superintendent of the Connecticut State Hospital. Through his exceptional administrative ability and extraordinary comprehension of the human factor, he has raised the standard of mental hospital care to a high plane. His influence in Mental Hygiene is not only felt throughout this State, but as a member of the National Committee for Mental Hygiene, he has rendered a service to the entire country. The Directors of this Society take great pleasure in conferring this membership on Dr. Haviland, realizing that he is one of the foremost psychiatrists in the United States.

"BOOK REVIEWS"

OPTIMISTIC MEDICINE OR THE EARLY TREATMENT OF SIMPLE PROBLEMS RATHER THAN THE LATE TREATMENT OF SERIOUS PROBLEMS

By Arthur G. Crandall. F. A. Davis Company, Publishers, Philadelphia. Price $3.00.

A very entertaining and readable book. The author does not presume to dagnose nor treat disease, as he is not a medical man, but he tries to show, from his knowledge gained in insurance work, how a physician can better treat and hold his patients and how it would be much better for people to consult their physician before any serious illness has developed, rather than when the physician can only diagnose and prescribe but little. There is nothing new in this book. The importance of optimism on the part of the physician is strongly emphasized. It is written in simple rather than technical manner.

THE CHILD IN THE FOSTER HOME

By Sophie Van Senden Theis and Constance Goodrich, Superintendent and Assistant Superintendent of the Child Placing Department of the New York Charities Aid Association. Published by the New York School of Social Work.

This monograph deals with the placing and supervision of children in free foster homes. The authors have nade a comprehensive study of this subject, and have given a detailed account of work actually done by the New York Charities Aid Association.

Two important points have been emphasized—the importance of a careful study of the temperaments of the foster parents, as well as their financial and social standing, and the necessity of a sympathetic understanding of the child and the type of home to which he is best suited.

This book should be of inestimable value to Social Workers and to members of boards, dealing with child placing.

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